

DECISION MAKING FACTORS IN CHILD CAREGIVER REPORTING
OF CHILD ABUSE AND NEGLECT

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This study investigated decision making factors used by child caregivers to identify suspected child abuse and neglect and collected data on caregiver training in the recognition and reporting of suspected child abuse and neglect.

Data was collected in July 1999 in fourteen north Texas childcare programs. One hundred twenty three teaching and administrative staff completed a survey based on Jacobson, A., Glass, J. and Ruggiere, P. (1998). Five teachers and five administrators chosen for convenience were read eleven vignettes describing possibly abusive situations to decide whether they were reportable or non-reportable, and to indicate factors used to make their decisions.

Administrators (50%) and teachers (13.3%) reported being unfamiliar with child abuse and neglect definitions and reporting laws. Two thirds (66.7%) of the administrators and 39.8% of the teachers had received specific training in recognizing and reporting child abuse and neglect. Administrators were more likely than teachers to report suspected child abuse and neglect. Teachers often reported to program administrators rather than state designated authorities. All subjects relied on information about children, but administrators also used information about parents, with teachers more likely to make excuses for parental actions. With 110 reporting opportunities,

training was cited as a factor only twice by administrators. No teachers made reports to anyone other than program administrators, a factor named deference in this study. Four of five administrators expected deference from teachers when reporting decisions were made.

Present training in the recognition and reporting of suspected child abuse and neglect is inadequate. Caregivers need additional training in differences between accidental and intentional injuries, detection of child sexual abuse and emotional neglect, recognition and assessment of injuries among infants and toddlers, and mandated reporting procedures. Further research on optimal training for accurate reporting of suspected abuse and neglect is needed. A mandate to report to authorities outside the child care center should be clarified in state law. Licensing individuals as well as programs would strengthen reporting by caregivers.

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CHAPTER I

INTRODUCTION

Each weekday morning approximately thirteen million children are dropped off at child care centers across the United States. For some of the children, the hours since leaving the child care center have not been kind. While significant numbers may be the victims of accidental injuries, a fall off a tricycle, a slip in the bath tub, fingers pinched in the kitchen door, or even more serious accidents, many others have been intentionally abused or neglected, most often by family members charged by society with the task of attending to their welfare and keeping them safe (Goldman, 1995). Home and family may bring images of nurturing care and a safe haven to many minds, but data indicate another side to the story. Child care programs are substantially safer for young children than their homes, and in fact may provide a respite from ongoing maltreatment (Margolin, 1991; Finkelhor & Williams, 1990).

Though written and forensic evidence documents child maltreatment throughout history (De Mause, 1974, 1998), the concept of child abuse and neglect as a punishable crime is relatively new. Only in 1974 did the Congress of the United States pass the Child Abuse Prevention and Treatment Act or CAPTA (Public Law 93-247, 1974) providing a definition of child maltreatment and actions to be taken by states when it occurs. Federal law defines child abuse as "the physical and mental injury, sexual abuse, neglected treatment or maltreatment of a child under the age of 18 by a person who is

responsible for a child=s welfare under circumstances which indicate the child=s health and welfare is harmed and threatened thereby@, as determined in accordance with regulations prescribed by the Secretary of Health, Education, and Welfare.

The minimum standards regarding child abuse and neglect set by the federal government in 1974, and revised in 1986 to include child sexual abuse, are mandated for states and also tied to the receiving of federal funds. All fifty states also have specific definitions of child abuse and neglect, and the policies and procedures to be used in the reporting, investigating, and validation of alleged child maltreatment. The wide differences in defining and substantiating child abuse and neglect in each state complicate efforts to compare and assess what is happening across states and on a broader national level. Questions arise as to whether the frequency and severity of abuse and neglect cases are actually increasing or whether in fact reporting, investigation and substantiation have improved. A study by Petit and Curtis (1997) indicates that many additional cases remain undetected or unreported to authorities. Whatever the statistical evidence, daily reports in both local and national media provide citizens with graphic evidence of the many occurrences of children abused or neglected to the point of severe injury or death.

Along with a general sense of alarm throughout American society regarding the growth of the problem of child abuse and neglect, a counter effect, or "backlash@, is also present (Myers, 1994). Organizations, legislators, and individuals have protested what they see as intrusions into family matters, false allegations, overzealous caseworkers, and a focus on punishment rather than prevention. Myers provides insights into the causes of the phenomenon, examples of individuals and groups involved, and their varied reasons

for doubting the appropriateness of governmental sanctions on matters of family life, whether through agency involvement and intervention or court action.

In October 1997, the Texas legislature voiced an awareness of the seriousness of child abuse and neglect, passing House Bill 1914 and amending Chapter 74 of the Human Resources Code to provide funding for early-parenting skills programs in at least three different geographic (understood to mean demographic or diverse) areas of the state. This position comes down strongly on the side of the prevention of child abuse and neglect through educating parents. In accordance with the bill, and under the auspices of the Children=s Trust Fund of Texas Council, Jacobson, Ruggiere, and Glass at the University of North Texas (1998) prepared a report on the training provided to child contact professionals in the state as well as information on those providing the training. While a high proportion of caregivers reported being trained in the topic of child abuse and neglect (93.3 percent), only 54 % believed their training helped them to be able to detect abuse and neglect in pre-school children and a mere 18% believed they would be able to tell if pre-verbal infants and toddlers had been abused or neglected. The under-reporting of abuse to pre-verbal children may be indicated; even pre-school children, though verbally capable, are often unwilling to tell others about parental abuse.

Statement of the Problem

Often the closest person to the young child outside the family unit, the caregiver can be vital to timely reporting and resultant action. This study was designed to investigate the decision making factors used by child caregivers in reporting suspected child abuse and neglect. How do training, attitudes, beliefs, and experiences of child

caregivers (whether designated director, teacher, assistant, caregiver or some other term)

impact decision making and influence the recognition and reporting of suspected child abuse and neglect?

Training in the many aspects of maltreatment, though generally limited for many child caregivers, can provide those who work with young children with valuable information supportive of federal and state mandates to report suspected child abuse and neglect (Jaconbson and others, 1998). Currently, Texas state regulations do not contain specific requirements as to the number of hours of training in child abuse and neglect caregivers must have, nor in the content of the training, other than an orientation in signs of abuse upon being hired (Texas Department of Protective and Regulatory Services, 1995).

Despite a legal requirement to report, the actual decision made by caregivers and others mandated to report suspected abuse can be difficult. Along with physical evidence of possible abuse and observations of children and their families, caregivers may use other factors to make reporting decisions. This "immediate picture" may be colored by a caregiver=s prior training, and a personal definition of what comprises "substantial injury". Actual reporting of suspected child abuse or neglect may also owe much to a caregiver=s individual attitudes and beliefs as well as previous life experiences. Personal experiences related to child maltreatment, whether as a victim, family member, friend or neighbor, might impact attitudes, beliefs and actions and have an effect of either under- or over-reporting suspected child abuse and neglect. Cultural or ethnic variability in what is

seen as abusive or neglectful behavior (Stevenson and others, 1992) can also impact reporting.

Research Questions

This study investigates two questions about the decision to report or not to report child abuse and neglect:

1. What immediate situational factors, including child behaviors, parent and adult behaviors, or severity and frequency of possible child abuse, are considered in child caregivers' decisions in the recognition and reporting of suspected child abuse and neglect?
2. What other factors, including personal experience, attitudes, knowledge or training, and other environmental issues are weighed in making decisions to report or not to report?

Both qualitative and quantitative data were collected and analyzed. Since this study is exploratory in nature, no prior hypotheses were made. A major feature of the data collection is a series of vignettes used in the interviews. Respondents were asked to determine whether they would or would not report the depicted incidents as suspected child abuse and neglect, and to discuss the reasoning for their decisions.

Definition of Terms

For the purposes of this study, the following definitions of terms will be used.

The first four definitions have been adapted from the state legal code (Texas Family Code, section 261.001.) by the Office of the Attorney General, and are published for use in mandated orientation and training sessions provided to child caregivers, including those taking part in this study.

Child abuse: physical injury that results in substantial harm to the child.

Emotional abuse: emotional injury to a child that results in an observable and material impairment in the child=s growth, development, or psychological functioning.

Sexual abuse: sexual conduct harmful to a child=s mental, emotional, or physical welfare.

Neglect: leaving of a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child.

The following operational definitions were established by the investigator for purposes of the study, after a review of the child maltreatment literature.

Suspected abuse and neglect: inclusive of any type of physical or emotional injury or neglect caused by willful actions or in-actions that result in substantial harm to a child.

Possible abuse and neglect: inclusive of any type of physical or emotional injury or neglect that is being considered as the possible result of willful actions or in-actions causing substantial harm to a child.

Abuse: a general term, which includes any willful actions and in-actions that result in substantial harm to a child.

Educational neglect: allowance of chronic truancy, failure to enroll a child of mandatory age, and failure to attend to special educational needs.

Medical neglect: delay in seeking health care, refusal to follow medical advice to the detriment of the child.

Emotional neglect: inattention to a child=s emotional needs, refusal to provide needed psychological care, or spousal abuse occurring in the child=s presence.

CPS: a state agency (in most states, including Texas, called Child Protective Services) whose caseworkers investigate reports made by any citizen regarding the suspected abuse and/or neglect of a child.

Substantiated: a finding made by CPS or another investigating body when an investigation of reported child abuse or neglect indicates that credible evidence exists of child maltreatment.

Unsubstantiated: a finding made by CPS or another investigating body, which indicates there is insufficient evidence to take action on a reported case of child abuse and neglect.

Mandated report: the reporting to police or a child protective agency of a suspected case of child abuse or neglect as required by state or federal law.

Abuser: a person who has willfully, through action or in-action, caused physical, emotional, or psychological injury or harm to a child, or who has sexual contact with a child, with the alleged action substantiated.

Shaken baby syndrome: injury to a child=s head, which may not be evident externally but is apparent through medical tests and x-rays, caused by violent shaking.

Battered child syndrome: multiple injuries to a child=s body, which may be in various states of healing, caused by physical abuse.

Adult or parental characteristics: those behaviors, actions, verbal statements, attitudes or other indications of feelings which can be observed by others and used as factors in making decisions about possible child abuse and neglect.

Child characteristics: those behaviors, actions, verbal statements, attitudes or other indications of feelings which can be observed by others and used as factors in making decisions about possible child abuse and neglect.

Situational factors: observable phenomena and prior knowledge used by caregivers to make decisions related to the recognition and reporting of suspected child abuse and neglect. Factors include but are not limited to child appearance, verbalizations and behaviors, parent and adult verbalizations, behaviors and responses to caregiver concerns, the severity and frequency of injury or neglect and training received in the recognition and reporting of suspected child abuse and neglect.

Limitations of the Study

The sample of caregivers used in this study is limited to one county with small to mid-sized cities in north central Texas. Child care centers chosen to participate were selected to provide a variety of enrollment sizes and settings. Opportunity to participate was limited to those staff members who interact with children and families having at least one child between the ages of six weeks and six years. Caregivers who participated were all those who agreed to participate and were present at times set by directors. During the

second interview phase of the study, interviews were limited to five teaching and five

administrative staff with no more than one in each category from one center. The results of this study may not be generalized beyond the sample.

Importance of the study

The study provides information on how child caregivers decide to report child abuse and neglect. As child abuse is widely believed to be under-reported (Wilson 1996) and child caregivers are in contact with many possible victims, information from this study may point out strengths or weaknesses in the training of child caregivers. Possible changes in child care policy at the state level, as well as child care procedures related to reporting at the center level may also be indicated. In addition, further research may follow if salient factors are found.

CHAPTER II

REVIEW OF LITERATURE

While the concept of child abuse and neglect as a punishable crime is relatively new, the federal government and every state have laws that provide definitions and require mandated reporting of suspected abuse by those who work with young children. The wide differences in these regulations make it difficult to assess the severity of the problem nationally, but documentation by state does indicate its seriousness.

As the person most likely to form a relationship with a child outside the immediate family, the child caregiver can provide a critical early warning system of recognition and reporting of suspected child abuse and neglect. The purpose of this study was to provide insights into how these caregivers go about the difficult process of decision making which precedes making a report to authorities. The study was designed to collect data that answers two research questions:

1. What immediate situational factors, including child behaviors, parent and adult behaviors, or severity and frequency of possible child abuse, are considered in child caregivers' decisions in the recognition and reporting of suspected abuse and neglect, and

2. What other factors, including personal experience, attitudes, knowledge or training, and other environmental issues are weighed in making decisions to report or not to report?

Caregiver training, attitudes and experiences were examined through use of a survey instrument and interviews in a variety of childcare centers in the north Texas area.

The following review of the literature related to child abuse and neglect focused on a historical perspective of societal practices of the past, leading to more recent developments, including medical insights developed during the first two thirds of this century. Factors related to child abuse were examined. The development of legal definitions and the difficulty of defining child maltreatment were also addressed. A more recent perspective examines cultural diversity and addresses a Backlash of individuals and organizations critical of legislative and agency actions related to child abuse. Finally, child caregiver responsibilities, including mandated training and reporting were reviewed and related legal aspects addressed.

A Historical View of Child Abuse and Neglect

Throughout history and within every culture, child rearing practices are established by societies which are deemed to be appropriate for the raising of young children (Osborne, 1980). Along with nurturing and protective behaviors, infanticide, child sacrifice, abandonment, forced labor, mutilation, and other horrific acts have rained down upon children; newspapers and other media report that such practices are present today in every country in the world including the United States.

In 1997, over three million children were reported to child protective service agencies in the United States as victims of suspected child abuse and neglect. Child abuse reporting levels increased by 41% between 1988 and 1997. The rate of child abuse fatalities increased 34% since 1985. Over three fourths of the children who died of abuse and neglect between 1995 and 1997 were under the age of five, and one third were less than one year old (National Committee To Prevent Child Abuse, April 1998).

Any discussion of the maltreatment of young children raises the question of whether this phenomenon is not in fact a relatively new one. Little documentation of the maltreatment of children is presented in history books through the college level, and generally, the public assumes this is a recent aberration. Primary sources such as cultural myths and stories (including the bible), journals, and autobiographies have long documented the treatment of children. deMause (1998) argues that the history of humanity is founded upon the abuse of children, and believes such actions are carried out as a way to solve emotional problems and relieve the guilt of adults (p. 216). He describes a series of child-rearing models (deMause 1988) that provide a time line of child maltreatment throughout history, with a steady but slow improvement of quality of life for young children.

The United States Constitution does not address issues of children, families, and personal relationships and delegated the power to establish such laws to individual states. Early state law focused on neglected and delinquent children and seldom differentiated between the two (Giovannoni and Becerra, 1979).

In earlier centuries, writers such as Locke and Rousseau enjoined societies to seek less violent ways of raising children. Victor Hugo's depiction of Cosette, Anderson's Little Match Girl and most of the novels of Charles Dickens raised awareness of child maltreatment. John Spargo's The Bitter Cry of The Children, written in 1906, provided data on the children of New York City and the general lack of care and provision of adequate nourishment. Spargo's study documented child labor, poverty levels, rates of illness and death, and was an emotional cry and early harbinger of those who sought to rouse American society to the plight of young children.

The seminal event in the history of intervention in child abuse and neglect in this country is the well-documented case of Mary Ellen Wilson, who in 1874 was removed from her abusive home. Henry Bergh, the founder of the American Society for the Prevention of Cruelty to Animals, was the instigator of the appeal, which led to the founding of the New York Society for the Prevention of Cruelty to Children and the beginning of the child protection movement (Fontana, 1996).

In most societies, children had been used as economic assets, often to the detriment of their own development and health. Young children worked the land, served as apprentices and were useful as well in early industrial activities, particularly mining and the cloth mills. Early nineteenth century England led the way in pioneering legislation to protect young children from these abuses (Kennedy, 1971). In the United States, between the end of the civil war and beginning of the twentieth century, the population more than doubled and adults needed the jobs held by children. At the same time, a newly organizing labor movement joined with child reform groups in attacking child labor practices in this country. President Theodore Roosevelt, in 1912, called for children to be considered as a natural resource that should be protected. The first federal

child labor law was passed in 1916. In 1900, 18% of children 10 to 15 years of age earned a wage; by 1930 this had dropped to 2%. While economic forces drove these changes, the benefits to the well being of young children was substantial (Osborne, 1980).

Technological advances in the early part of the twentieth century provided scientific evidence to add to child advocacy and economic developments. The invention of the roentgenolograph (now known as the x-ray) allowed a look at the inner body and physical suffering of many young children. Only then was it possible to begin to formulate theories about the causes of internal injuries previously thought to be disease. This medical documentation provided startling yet incontrovertible evidence that assaults on young children were not merely a thing of the past. Dr. John Caffey's (1946) curiosity about unexplained x-ray findings brought him to the recognition that subdermal hematoma and bone fractures, often in various states of healing, were caused by trauma inflicted by adults. Silverman (1953) extended Caffey's work by pointing out the intentional nature of the injuries; slowly and with reluctance, the medical profession began to concur. Also physicians, Dr. C. H. Kempe and his colleagues (1962) built on Caffey's research and provided information documenting "another hidden pediatric problem", child sexual abuse. As program committee chair of the American Academy of Pediatrics, Kempe organized a 1962 conference entitled "The Battered-Child Syndrome" which led to grants for studies, surveys and publications, centers for the study of parenting practices and further national symposia. In scarcely more than a decade, the country had a set of minimum standards as well (CAPTA, 1974). Because the federal government mandated it and tied it to the receiving of federal funds, every state also had laws relating to child abuse and neglect.

As is the case with any movement, a counter-movement, or Abacklash@ exists consisting of a number of organizations, individuals and interests who disagree with the efforts of child protection systems (Myers, 1994). Several themes dominate criticism of child protection efforts; some have their roots in legitimate problems which need attention. Fears of an over-zealous child protection system, concerns about false allegations, accusations of cultural insensitivity, claims of Awitch-hunts@ and hysteria, advocacy of family rights (Marzouki, 1997), and even a belief in Abenign pedophilia@, have all been offered as evidence of attempts to lessen the seriousness society currently gives to child abuse and neglect.

The Struggle to Define Child Abuse

Anthropological approaches to the problem of child abuse and neglect provide another perspective on the problem. The maltreatment of children can also be seen not as a fixed and objective concept, but rather a set of standards agreed upon by particular cultures which guide the actions of adults in their determination of what is acceptable care and treatment of children (Garbarino, 1980, 1989, 1997). Korbin (1991) studied cross-cultural perspectives of child abuse, and indicated the difficulty of providing examples and definitions of abusive practices that would be acceptable universally. Her research and that of other anthropologists show the complexities inherent in studies of societies and their treatment of children, including the acceptance of practices in one culture which are seen as factors of abuse in another.

A family history of violence, for example, is listed as a cause of child abuse in much of the literature, which focuses on the problem. A study in the People's Republic

of China (Korbin, 1981), however, indicated parents who had been abused by their families in an earlier generation when severe physical punishment was the norm, are not continuing the pattern of family abuse in which they grew up. This societal change in child rearing practices came about within a relatively short time, and indicates cultural changes (social, political, and economic) may be over-riding the pattern of family violence in which these older Chinese parents were raised.

Etiology of Child Abuse

Reasons for maltreatment of young children may be tied to factors far outside the family member inflicting violence on its young victims. Studies on the relationship between family poverty and other stressors indicate that while abusive practices fall across cultures and class, higher rates of child maltreatment are likely to be present in lower socio-economic circumstances (Straus, 1980). Adler (1996, p. 474), reflecting on his past twenty years in the field of child psychiatry, reports that research must take a broad range of psychosocial factors into account as well as parental characteristics. Similarly, he continues, the prevention of maltreatment, if achievable, is likely to involve a mixture of social interventions designed to reduce the disadvantages associated with poverty, [which is] the more accurate identification of high-risk families....

Stress as a factor in child abuse was investigated and reported by Straus (1978), Straus, Gelles and Steinmetz (1980) and Straus and Gelles (1990). Parents who experienced little of the eighteen indications of stress listed on the instrument used had the lowest rate of child abuse. Rate of child abuse increased as stressors increased, especially for men. Results suggested that fathers who were physically punished as children, parents who believe that physical punishment is appropriate, and education combined with low income and occupation, but not education alone, were factors in the abuse of children.

In present day American society, increasing numbers of young children are likely to be raised in families that may not yet be assimilated into what is often called the mainstream culture. Caregivers themselves may identify with a variety of cultural practices, and find it confusing to distinguish personal beliefs from what constitutes legal and allowable parental behavior toward children, including physical punishment. Judging whether a particular action results in physical, emotional, social, educational or other harm or deprivation to a child (and even what constitutes childhood) has often been cause for disagreement across cultures and times and between individuals and societies.

Deviance in child-rearing practices may lie in the eye of the beholder, and Korbin (1981) suggests three levels of cultural consideration when identifying cross-cultural child abuse and neglect. The first level contains those practices approved in one culture that are seen as abusive in another (harsh initiation rites, forcing young children to sleep in rooms away from the rest of the family). Second level practices are those which deviate from the norm within a particular culture that may sometimes be seen as beneficial to the child by those outside the culture. Detrimental practices caused by societal or environmental conditions (inadequate health care, homelessness, etc.) make up the third level of practices described by Korbin. Using a cross-cultural approach (Korbin, 1981) suggests enhancing abilities to distinguish idiosyncratic child abuse and neglect from cultural differences in child-rearing practices and from societal conditions that are detrimental to children and families.

Studies across culture also allow investigators to look for patterns of behavior which are common when the same economic or environmental factors are present (for example, in cramped living spaces children are more likely to be severely punished for fighting with each other) (Minturn & Lambert, 1964). Such severe punishment may, in

fact, reach the state of child abuse. In a comparison of five studies on spanking practices, Whipple and colleagues (1997) noted the differing definitions and overlap of terms such as physical discipline, corporal punishment and physical child abuse, indicating the lack of agreement in definition among researchers and other professionals.

Legal Definitions of Child Abuse

In essence, there was no definition of child abuse nor any specific laws related to it until the 1962 multi-disciplinary conference on child abuse chaired by Kempe. From this conference came the model for child abuse law, which was adapted by every state within five years. The Child Abuse Prevention and Treatment Act (CAPTA), a federal law amended and re-authorized last in October 1996, defines child abuse as Any recent act or failure to act:

- § Resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation
- § Of a child (a person under the age of 18, unless the child protection law of the State in which the child resides specifies a younger age for cases not involving sexual abuse)
- § By a parent or caretaker (including any employee of a residential facility or any staff person providing out-of-home care) who is responsible for the child=s welfare.

CAPTA defines sexual abuse as:

Employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or any simulation of such conduct for the purpose producing any visual depiction of

such conduct; or

Rape, and in cases of caretaker or inter-familial relationships statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.

CAPTA classifies child maltreatment into four categories consisting of physical abuse, child neglect, sexual abuse, and emotional abuse, with a further differentiation of actions included in each, indicating that emotional abuse is almost always present when other forms have been identified. Federal law also makes each state responsible for definitions within the civil and criminal context.

Problems of definition

By leaving specific definitions to each state, along with regulations on mandated reporting, substantiation, and forms of criminal punishment, there are in effect fifty and more (several states have county-based systems) different sets of criteria used to make decisions about whether child abuse or neglect has occurred. Texas law, for example, excludes physical punishment ^Athat does not result in injury,[@] with injury left undefined. Child Abuse and Neglect: A Look at the States (Petit and Curtis, 1997) provides a comprehensive collection of data from child welfare, but points out the difficulty under such circumstances of making comparisons.

While definitions of child abuse and neglect are usually comprised of four categories, some research uses as many as eight or nine, and may add categories such as intentional drugging to modify the behavior of a child, or abandonment or lack of supervision (Wilson, 1991).

Definitions of child abuse and neglect often express the bias of the definer, and may focus on either the actions (or in-actions) of the abuser or the results of such actions and in-actions on a child. Besharov (1981) argued that 1). the difference of focus on either outcome of the abuse or cause of the abuse, 2). different definitions of what constitutes such actions or causes, and 3). a general lack of clarity in the meaning of terms used to describe actions or causes, combine to make comparisons impossible and therefore hamper research.

A specific form of child abuse, neglect of young children, comprises about half of reported and substantiated cases (Lewit, 1994). Although much of the recent research focuses on the more active forms of child abuse, neglect may in fact be more harmful to the development of young children than physical actions to their persons. Seemingly less intentional, and often more difficult to observe and assess, child neglect is a better predictor of a number of negative outcomes, including the lag in intellectual and social competence, school adjustment and/or behavioral problems (Egeland and Erickson, 1987), as well as problems with language development (Allen & Oliver, 1982). The emotional detachment associated with neglect of young children is more likely than physically punitive actions to correlate to attachment difficulties and the development of relationships with others (Dean and others, 1986), including at some future point the children of those previously maltreated.

Statutory definitions of child abuse and neglect which are not in agreement may also have some advantages (Gough, 1996). They allow for a specific rather than global approach that may be more sensitive to local and cultural norms. When the meaning of terms remain somewhat vague, it may also make it possible for the general population to come to agreement as being against maltreatment. For example, legislation classifying

striking or spanking children as an aspect of physical abuse might cause many people to protest such a law. However, the lack of clarity in definition may also create problems for medical, educational, and child care personnel who have legal responsibilities for recording and reporting.

Recognizing and Reporting Child Abuse and Neglect

Statutes regarding child abuse and neglect are legislated by every state, and include definitions of terms, reporting procedures, and penalties that apply for failure to report. Making a decision about reporting suspected child maltreatment, however, is not as simple as passing out parking tickets to people who do or do not park in A No Parking@ zones. Many factors enter into a decision to report suspected child maltreatment, including previous training or lack of such, personal beliefs about what actions define maltreatment and life experiences. All may have an impact on the making of such decisions. In a survey of 332 professionals with diverse relationships and experience with young children, Portwood (1998) found personal experiences with child rearing and child maltreatment had a marginal effect on recognition of child maltreatment. Jacobson and others' (1998) study of professionals who had received child abuse and neglect training, reported that child care employees in particular still had great difficulty with recognizing and reporting incidents in their work place.

As a societal problem, child abuse and neglect may seem to be well documented, at least in those cases that are identified. Reiniger and others, however, reported in a 1995 study that professionals, including teachers, had limited knowledge of abuse indicators and even less about legal aspects of reporting, with an estimated 69% of cases of child maltreatment left unreported. While over half (57%) of maltreated children attended school, only 16.8% of the reports came from school personnel. Campbell (1995)

found that professionals had little knowledge or training on topics related to child sexual abuse.

Teachers in a study by Schwartz (1993) indicated a need for information related to the specifics of reporting child abuse and neglect, rather than simply to the recognition of it.

Tower (1992) provides just such information in an article entitled *A Legal Questions Teachers Ask* and is the author of the U.S. Department of Health and Human Services manual, *The Role of Educators in the Prevention and Treatment of Child Abuse and Neglect*. The manual includes sample forms which programs and schools can utilize for training purposes and in the design of forms which help with the when, where, who details of making a mandated report. Quick, Botkin and Quick (1999) help teachers understand what to do when a child discloses abuse, and list possible indicators of abuse and neglect, factors that protect against family violence, signs of abuse in children and suggestions for helping children after abuse has occurred. Ample citations of relevant research are included for each point made. Other materials designed for teachers and caregivers (Hale, 1997) include guidelines or information on facets of child abuse and neglect as part of a wider coverage of related topics (for example, safe and healthy child care). The Crisis Manual for Early Childhood Teachers (Miller 1996) lists resources, including some on the internet, which address racism, violence and substance abuse, as well as two chapters on child abuse and neglect.

A large number of studies focus on parental and/or familial characteristics as critical factors in the recognition of suspected child abuse - Jayaratne (1977), Garbarino & Sherman (1980), Crittenden, (1985, 1988, 1996). Tower (1992) provided an observational chart of parental behavior and indicators of abuse in a U.S. Department of

Health and Human Services publication for educators. Loss of control or fear of losing control, unusual negativity about the child, and a belief in and use of physical punishment, including spanking, are listed as parental behaviors which may be indicators of abuse. Sartin (1978) lists 44 specific child behaviors that are significantly correlated to abusive or non-abusive parents.

In a 1998 study of more than three hundred professionals and medical students involved in training in human sexuality, role and gender were found to influence beliefs about normal and abnormal childhood sexual behavior (Heiman and others, 1998). Since child sexual behaviors have long been considered possible indicators of sexual abuse by adults Heiman=s findings have relevance to recognition and reporting. Training which cannot compensate for role and gender in reporting of child sexual abuse has implications for an inability to recognize and report accurately, and may apply to child caregivers, generally less well trained, as well. The gender of the abuser, or perpetrator, also makes a difference in actions taken by child protection professionals after reporting has taken place, with intervention being more likely when perpetrators are male (Hetherington and Beardsall, 1988). Across professions, researchers find that practitioners have limited or deficient training related to identifying and reporting child maltreatment - Daro and Gelles (1992); Tite (1993); Jacobson and others (1998). Child caregivers are mandated to report, however, with a fine and/or jail term possible for failure to report.

As caregivers nurture and teach young children, as they feed and change, play and guide, support socially and cognitively, they are also charged by every state with evaluating and reporting actions which may harm a child's emotional and physical well-being outside the doors of the center the child attends. With little training and usually for limited pay, caregivers nonetheless have a moral and legal responsibility to make sure

that others who interact with the child, including family members, do so in a way that supports physical, emotional, social and cognitive development and growth. The most obvious

problem for caregivers, and all those who are mandated to report suspected child abuse and neglect, is making the decision that what has been observed is in fact reportable.

As in all other states, the Texas legal code mandates the reporting of suspected child maltreatment by child caregivers and others who provide services to young children. Failure to report may result in a charge of misdemeanor, with a possible \$1,000 fine and/or a jail sentence. Each state provides definitions or descriptions of the specific types of child maltreatment, who is to receive the report and whether it must be given in oral and/or written form. Reports are initially to be made to police or other government agencies and are investigated by case workers, most often in a unit called Child Protective Services. Each state collects data and issues an annual report on types and numbers of substantiated and unsubstantiated cases. In addition, in some states particular care is taken to examine cases in which very young children die.

Texas Statutes Related to Child Abuse and Neglect

The Texas Child Fatality Review Committee and its local committees review each unexpected child fatality (those not the result of a long-term illness). Fatalities are investigated by highly qualified review teams composed of professionals in legal, medical, forensic, educational, and other fields which focus on young children, and include a mandatory autopsy of all children under the age of six (Child Fatality Review Teams Report, 1996-97 Biennial).

According to the district attorney=s office in the county in which this study took place, no local or state records are kept which could indicate the numbers of those who failed to report as mandated. Any such case would be included in the total number of misdemeanor convictions. The same office reported that there had not been a conviction of a caregiver in this county Asince the law went into effect@ (personal communication, July 29, 1999).

Caregivers and others may have concerns about possible repercussions from the reporting of child maltreatment. The Texas legal code allows reporting in confidence and protects any person reporting in good faith, whether or not allegations are substantiated. The law also permits hearsay evidence.

In 1997, Texas legislators passed House Bill 1914, which provided for early-parenting skills programs. The bill further directed the Children=s Trust Fund of Texas Council to prepare a report on the extent to which training on topics related to child abuse and neglect is provided in the state, including the following information, as required by Section 2 of the bill:

1. The training currently available to professionals who provide services to, or have frequent contact with, children, including police officers, prosecutors, other law enforcement personnel, judges, social services workers, day care providers, educators, and health care providers, including mental health care providers;
2. The training available to the general public, including family members;
3. The training available on topics of child abuse and neglect, sexual victimization of children, missing children, parenting skills, and child witnesses;
4. Pre-service and in-service training (related to the previous topics); and
5. Joint training by professionals working in different fields.

As recipients of the grant to fund the implementation of this report, Jacobson and others at the University of North Texas Center for Parent Education and the Survey Research Center designed a survey instrument and collected data for a report on the extent to which training on child abuse and neglect is provided in this state.⁶ The survey used two instruments, the Child Abuse Training Information Survey which was administered to professionals providing services to young children and their families, and the Child Abuse Survey for Trainers used with those who provide child abuse and neglect training.

The report was submitted to the Governor in November 1998 and presents data on the child abuse and neglect training currently provided to professionals who come in contact with young children, their perceptions of the training, as well as characteristics of those doing the training and other facets of the training itself. Participants in the study included subjects from the major professional categories mandated by the bill who were recruited through their respective professional organizations. In general, subjects were highly trained in their individual fields, with many holding advanced degrees. Child care providers were included in the sample of contact professionals who were administered the Child Abuse Training Information Survey.

While a high frequency of caregivers reported being trained in the topic of child abuse and neglect (93.3%), only 54% believed their training helped them to be able to detect abuse and neglect in pre-school children, and a mere 18% believed they would be able to tell if pre-verbal infant and toddlers had been abused or neglected. If this difference in the ability to report suspected abuse and neglect subject to age represents a reliance on verbal reports made by children, under-reporting may be indicated. Pre-school children, even though verbally capable, are often unwilling to tell others about

parental abuse, since their pre-operational stage leads them to believe whatever happens is their fault or responsibility.

Jacobson's 1998 statewide study across child contact professions can be added to the findings of Campbell (1995) and Hibbard and others (1990) who have collected data on professionals who work with young children and their training and knowledge of child sexual abuse, and Reiniger and others' (1995) findings that mandated training improves the rate of reporting of suspected and substantiated child abuse. Pre-service teacher educators and counselors also improved their abilities in identification and reporting of child abuse and neglect after receiving training (Anderson 1993). If, as Jacobson and her colleagues indicate, almost all child care providers receive child abuse and neglect training (which is mandated in every state), the question arises as to why these practitioners feel inadequate in recognizing suspected child abuse. When so few feel capable of recognizing it, what must this say about the effect on reporting? When practitioners are trained in a topic, but unable to use it, what other factors may interact with training knowledge to cause difficulty in a decision to report?

A review of the literature indicates that while others are addressing similar questions to a variety of professionals in contact with young children, little data has been collected from child care employees, the caregivers who staff the nation's child care centers. The present investigation looks at how caregivers use knowledge of child and parental actions related to possible child abuse in combination with personal and other environmental factors to make reporting decisions, and should help in understanding gaps between the reporting of suspected child abuse and actual cases of child maltreatment.

CHAPTER III

METHODOLOGY

Abuse and neglect of young children is a centuries-old problem with relatively recent legal ramifications. Every state now has mandated reporting laws requiring those working with children to contact authorities when child maltreatment is suspected. Child caregivers who interact with young children on a daily basis provide a valuable front line for the protection of young children. In many cases, making decisions about what and when to report, often with very little previous training, can be difficult for them. A review of the literature on child abuse and neglect indicates that in spite of legal requirements to report, caregivers along with other professionals still have great difficulty deciding when to “pick up the phone and make the call.”

This chapter provides an explanation of the methods selected for research data collection and analysis for a study which focused on the factors used by child caregivers to make decisions regarding whether or not what they see is suspected child abuse and therefore reportable to authorities. An initial survey questionnaire asked for information regarding demographics, previous training, and the self-reported ability to recognize and report suspected child abuse and neglect. This was followed by individual interviews which provided opportunities to question caregivers about factors of decision making.

Sampling Procedures

An initial letter of request was sent to twenty-five childcare centers, which were purposely selected to provide a variety of settings and enrollments. Four of the programs were closed for the summer; several centers were in the process of changing directors or had directors on vacation, and one director was on maternity leave. Fourteen center directors indicated a willingness to participate. One hundred twenty three child caregivers filled out survey questionnaires; more than 70 % indicated a willingness to participate in the second phase interview process.

Telephone calls were made to the selected childcare centers asking for appointments to discuss the intent and nature of the survey, and to seek permission to distribute the questionnaire to caregivers. Visits were scheduled at times chosen by the directors (children's nap time was suggested). Directors who agreed to participate were responsible for distribution of the questionnaire to the volunteer sample.

Potential participants included all employees in each center who have direct contact with children ages birth through age six. Child care employees who agreed to participate were stratified by category of position (director, assistant director, teacher, staff support, substitute teacher, assistant teacher). After choosing to participate, each subject signed a human subjects form, and was told the nature and purpose of the interview. Subjects were told their answers would be coded by number only and were assured of complete confidentiality. They were told they had the right to refuse to answer any question, and to cease their participation at any time. A final question on the survey asked subjects to indicate whether they would be willing to participate further

at a later time through individual interviews. After completing the survey, all subjects were given a children's book in appreciation of time given to the project.

Data Collection Procedures

Data collection took place at the facility in which each child caregiver worked, generally after lunch and when children were napping, unless the director had requested a different time. The procedures followed for each of the data collections were consistent at all sites. The initial survey was dropped off and picked up the same or following day. The time frame of data collection was two weeks. Because of the rapid turnover of employment in the child care field and other time restraints, interviews were held at each center no later than one week from the date of survey completion.

Interviews were conducted in a private room with the door closed, unless participants chose otherwise. (In one case, a director stayed in her open office as her own baby joined her and crawled on the floor, so that she could take calls as needed.) Directors chose the empty room used for interviewing, which included classrooms, a lunchroom, and most often, the director's office, which she then left. All interviews were audiotaped and later transcribed and typed.

Instruments

Instruments were designed to answer the two research questions posed by the study:

1. What immediate situational factors, including child behaviors, parent and adult behaviors, or severity and frequency of possible child abuse, are

considered in child caregivers' decisions in the recognition and reporting of suspected child abuse and neglect, and,

2. What other factors, including personal experience, attitudes, knowledge or training, and other environmental issues are weighed in making decisions to report or not to report?

Two instruments were used to collect data for the study. The "Child Abuse and Neglect Child Care Survey", designed particularly for use with child caregivers, was based on the "Child Abuse Training Information Survey" developed by Jacobson, Glass and Ruggiere at the University of North Texas Center for Parent Education and the Survey Research Center(1998). Items were adapted to the education and responsibilities of those who work in child care centers. A focus on beliefs about personal ability related to the recognition and reporting of suspected child abuse and neglect was added . The second instrument, "Child Caregiver Interview on Child Abuse and Neglect: Training, Beliefs and Experiences," was used with the same sample and allowed participants to give details about training received, to express opinions and beliefs, and to share experiences relating to child abuse and neglect.

All participants in the study except one were female, as was the investigator. Subjects needed very little encouragement; all seemed to be comfortable discussing the topic of child abuse and neglect. After the close of the interviews, participants were provided opportunities to discuss further any questions they had about the survey, the interview, and any items about which they wanted more information. Each chose from a selection of children's books, offered in appreciation of their participation in the study.

Although more often used in quantitative studies or in providing qualitative results, simple vignettes were written for data collection in the qualitative interviews. In an Israeli study on maltreatment (Shor & Haj-Yahia, 1996), a quantitative cross-sectional survey research design used vignettes (for example, “parents ignore their 4-year-old daughter’s complaints about earaches”), and subjects’ responses to the vignettes were restricted to “yes”, “no” or “undecided”.

In the present study subjects were told “I am interested in how you make your decisions, not just yes or no answers”. Participants were asked to supply a three-part answer. First, participants made a yes/no decision (“would you pick up the phone or not pick up the phone”), second, if needed, a labeling of “yes” responses by type (physical abuse, physical neglect, sexual abuse, emotional abuse/neglect), and finally, an explanation of how this decision was made by the caregiver. Reflective listening techniques and probing questions were used to stimulate further detail in responses. In some cases, as participants discussed the decision making process and the factors used, they chose to change their original answers. In those cases, after an explanation was complete, the investigator asked the subject to confirm the decision that was made.

Eleven vignettes, or scenarios, provided in the interview were designed to cover the four previously described types of child maltreatment that are covered as part of caregiver training. Vignettes that used child-only situations as well as those that included information related to parents were fairly evenly divided. Four types of maltreatment, a range of severity and frequency of injury, and children ages three months to six years were described in the vignettes, along with situations that were non-abusive.

The first eleven questions on the interview form were scenarios, or ‘little stories’ on which child abuse and neglect reporting decisions were to be based. Each item was rated as reportable or not reportable. If items were rated reportable, four choices were available for description (child abuse, child neglect, sexual abuse, and emotional abuse or neglect). Participants could choose one or more than one category to describe a scenario (physical abuse and neglect, sexual and emotional abuse, etc.) Tables for each vignette provide an insight into how participants rated the scenarios, as well as themes developed from comments made by subjects.

Interview questions twelve through sixteen were open-ended questions, designed to allow subjects to provide personal experiences and insights into the difficulties of real-life recognition and reporting of child abuse and neglect. Questions twelve and thirteen asked for details and decision making related to the reporting of suspected child abuse or neglect. Questions fourteen and fifteen asked subjects to disclose information about failure to report as mandated. The final question allowed an opportunity to share information which had not already been specifically requested, but which subjects were willing to provide.

Questions were asked throughout the interview to encourage participants to reflect on their answers. Typical questions included: How did you make your decisions? Did you talk to anyone about what to do? Then what did you do? What would you do if your director didn’t agree? What made this incident reportable? So you would (or would not) pick up the phone and call it in? Had you seen/heard of this before? What helped you make this decision?

Procedure

Data collection took place in two parts:

1. An initial written survey to collect basic data related to caregiver training topics; knowledge of definitions, state law and mandated reporting, the ability to recognize and report, and demographics; and
2. A follow-up interview with subjects who were willing to discuss the impact of training on previous beliefs about child abuse and neglect, perceptions of characteristics and behaviors of abusive adults and their child victims, how decisions are made to report suspected abuse and neglect, and personal experiences related to child abuse and neglect.

Qualitative data was collected during interviews with ten subjects from the original sample to provide a deeper level of understanding of caregivers' attitudes toward child abuse and neglect and the reporting of suspected cases. Five administrative staff and five teachers participated in approximately 35 to 40 minute interviews held in a private setting. All interviews were scheduled at the convenience of subjects and were audiotaped. Vignettes were used to encourage responses, and non-threatening open-ended questions were used. Subjects were encouraged to share stories of their own which might relate to feelings, attitudes and beliefs regarding child abuse and neglect. The researcher asked specific questions designed to encourage participants to discuss personal attitudes and experiences related to child abuse and neglect. Follow-up questions were asked as needed to extend or clarify answers. Tapes were transcribed, and the researcher looked for themes in the participants' responses and answers to questions.

Data Analysis

The quantitative data collected was cross-tabulated using the SPSS program. Numbers and percentages were presented for each question. Breakdown of data by teacher and administrative job categories was also provided for some items.

Because of the complex nature of reporting on the decision making process and related factors, a qualitative approach was selected as the method of research for the phase two portion of the research. Glesne and Peshkin (1992) provided basic guidelines for understanding qualitative research, its values and valuable information on the nature and technique of interviewing. Their description of the process of using the qualitative approach, from a list of “prestudy tasks” through final writing of the story being told, is clear and precise, and the need for rapport with participants as well as the importance of retaining subjectivity throughout the interview process is stressed. Summarizing, using contact sheets, coding methods, and vignettes used as tools to present data (Miles & Huberman, 1994) are tools for “making sense” of the data collected.

Research that uses a qualitative approach was reviewed; notable models include Shirley Brice Heath's Ways with words (1983) and All things bright and beautiful? A sociological study of infants' classrooms (1978) by Ronald King. Both provide thick descriptions of the data collected and are presented in a “story” form, with frequent use of vignettes to provide the context of research information and give a sense of meaning and life to the data. Signithia Fordham’s 1988 study conducted in a District of Columbia high school, combined observations, survey questionnaires, and in-depth interviews. These

research techniques were combined to support the concept of “racelessness”, which she describes as a characteristic of Black students when they strive for academic success.

While a purposive sample of this small size cannot be generalized to a broader population, some conclusions can be made about recognition and reporting decisions made by child caregivers. None of the five teachers had ever reported suspected child abuse and neglect. However, three had discussed what they thought might be abuse with their director and indicated a report should be made. In not all cases did the director agree with the teacher and make a report. Only one teacher said she would report even if the director did not approve. Four directors of the five interviewed had made calls to Child Protective Services regarding suspected child abuse and neglect; one said she had “never needed to report”. Analysis of the data looked for repetition, patterns and themes over both types of data.

CHAPTER IV

DATA ANALYSIS

As growing numbers of young children are recognized as being victims of child abuse and neglect, legal bodies in every state mandate the reporting of suspicions of child maltreatment to authorities by those who provide services to children and their families. This study is designed to collect information on the decision making factors used by child caregivers as they perform their mandated duty to report suspected child abuse and neglect. Questions the study seeks to answer include:

1. What immediate situational factors, including child behaviors, parent and adult behaviors, or severity and frequency of possible child abuse, are considered in child caregivers' decisions in the recognition and reporting of suspected child abuse and neglect?
2. What other factors, including personal experience, attitudes, knowledge or training, and other environmental issues are weighed in making decisions to report or not to report?

Child caregivers have the mandated task of reporting to authorities any suspected cases of child abuse and neglect. This study used both quantitative and qualitative instruments to provide information on the training, beliefs and experiences of caregivers and to look for factors used in making decisions. Descriptions of both instruments as well as the resultant raw data follow, with analysis of each of the data sets.

Survey Results

Data from the survey questionnaire distributed to 123 child caregivers in fourteen child care centers fall within three categories. The first provides demographic information on participants, including education and position of employment. The second includes caregiver training and ability to report suspected child abuse and neglect. Finally, subjects' willingness to participate further in an interview is briefly discussed.

Demographic information

Child care facilities in north central Texas were used in the study. Seven centers were privately owned, four were church operated centers, two centers were funded primarily by the community, and one center was university based. Fifty-six of the subjects worked at privately owned centers, 34 at church based centers, seventeen were employed at community funded centers and sixteen worked at a university based program. The majority of the subjects, 81.0%, were of White/Anglo ethnic/cultural background; 13.2% were African American, and only 5.8% were Hispanic/Mexican. Almost half of the subjects were younger than twenty-five years of age; few (10.7%) were over 45. The participants' age distribution is indicated in Table 1.

Table 1 Age distribution of the subjects surveyed

Age group (n=121)	Percent
18 to 25 years	45.5
26 to 35 years	30.6
36 to 45 years	13.2
46 to 60 years	9.9
61 to 70 years	0.8

Participants indicated their employment status using the categories of teacher, assistant teacher, support staff, substitute staff, director or assistant director. Categories are based on the investigator's knowledge of common staffing terminology used locally in centers for young children, whether staff members are focused on young children's care, their education or both. The majority (80.2%) of the staff surveyed were teachers or assistant teachers, support staff, or substitute teachers. The remaining (19.8%) were administrative staff in managerial positions such as director or assistant director of the facility. Two subjects did not respond to this question. Table 2 indicates the professional status of the subjects.

Table 2 Professional status of the childcare staff surveyed

Status (n=121)	Percent
Teacher	56.3
Assistant Teacher	14.0
Director	10.7
Assistant Director	9.1
Support Staff	6.6
Substitute Teacher	3.3

Table 3 shows the highest educational degree attained by participants. About half (50.8%) of those surveyed held a high school diploma or GED certificate. Those who had more indicated they were attending college or had some college credits or training beyond high school, and several named local colleges they attended.

Table 3 Staff educational status

Staff category	Percent high school/ GED	Percent associate	Percent Bachelors	Percent advanced	Percent in college/ some college & training	Total
Teacher/ Support Staff	55.2 (n=53)	8.3 (n=8)	24.0 (n=23)	---	12.5 (n=12)	100.0 (n=96)
Administrative Staff	33.3 (n=8)	16.7 (n=4)	16.7 (n=4)	25.0 (n=6)	8.3 (n=2)	100.0 (n=24)

Subjects who indicated they held a higher degree or were currently attending an educational program were asked to name their area of specialization. Fifty-three of the subjects who participated listed an area of specialization in courses beyond the secondary school level.

Table 4 Areas of specialization

Areas of specialization (n=53)	Percent
Elementary Education with or without Early Childhood Endorsement	22.6
Child Development/Early Childhood/Family Studies	20.8
Counseling/Counselor Education/Sociology	7.5
Secondary Education	5.7
Biology/Science Education	3.8
RN/CAN/Nursing	3.8
Interdisciplinary Studies	3.8
Office Administration/Social Teaching/Business Administration	3.8
Home Economics/Vocational Education	3.8
Psychology/Psychology with Child Development	3.8
Religion and Art History with Teacher Certification	1.9
Communication Sciences and Disorders	1.9
Speech Pathology and Audiology	1.9
Social Work	1.9
Associates Degree in Science	1.9
History	1.9
Deaf Education	1.9
Social Science	1.9
Music	1.9
Archeology	1.9
Cosmetology	1.9

Discussion of demographics

The ratio of teaching staff to administrative staff participating in the study was 4:1 (Table 2). This may not reflect actual staff ratios in participating centers, since teaching staff may have been less willing or able than administrative staff to complete the survey form while children were under their supervision. At one center, the director, assistant director, and two teachers were selected by the director to participate, while other staff stayed with the children on the playground.

The basic level of education of those surveyed was a high school diploma or General Education Degree (Table 3), the minimum requirement set by the Texas Child

Care Licensing Code. Two-thirds of the twenty-four administrative staff who completed surveys had some training beyond high school; ten held a bachelor's degree or more. More than half of the teaching staff had no formal training beyond the state minimum. Nearly one fourth of the teachers had a bachelor's degree; one fourth of the directors reported having an advanced degree. Degrees and college training courses were scattered across a wide range of majors. Forty-five of the 53 who listed a specialization (Table 4) named fields which were at least minimally connected to furthering an understanding of young children and their families. The other eight specializations were not directly related to work with young children. Of those listing a specialization, 43.4% had taken or were taking education and child development courses. Two universities in close proximity to the area where the study took place offer various programs in early childhood development, making it convenient to take such classes. Education levels may reflect the fact that some area child care centers recruit heavily on both campuses.

Nearly half of the child caregivers surveyed were less than twenty-five years old; less than ten percent were above age 45. The age demographics mimic somewhat the ages of the mothers of younger children, and may also reflect the physical energy required in caring for young children. All but one of the 123 participants were female; the lone male participant was a director who had recently graduated from an early childhood bachelor's degree program.

Caregiver training

Asked if they had received specific training related to child abuse and neglect, less than half (39.8) of the child care teachers and support staff reported that they had.

Administrative staff reported they had received training specifically related to child abuse and neglect almost twice as frequently as teaching staff. Despite a state mandate to report suspected abuse, when asked whether or not they had received specific training related to this subject, two-thirds of teaching staff and one-third of the administrators said they had not. Table 5 lists responses by employment category.

Table 5 Specific training related to child abuse and neglect

Staff category	Percent “yes”	Percent “no”	Total
Teacher/Support Staff	39.8 (n=37)	60.2 (n=56)	100.0 (n=93)
Administrative Staff	66.7 (n=16)	33.3 (n=8)	100.0 (n=24)

In another question related to training, participants were asked whether they were familiar, somewhat familiar, or unfamiliar with the Texas legal definition of child abuse and neglect and mandatory report laws. As presented in Table 6, very few of the teaching staff reported they were familiar with the state definition of child abuse and neglect and the mandatory reporting laws. Almost 90% of the teachers and one half of the administrators were unable to say they were familiar with the most basic child abuse and neglect reporting law in the state.

Table 6 Familiarity of staff with Texas law regarding child abuse and neglect

Staff category	Percent “familiar”	Percent “somewhat familiar”	Percent “unfamiliar”	Total
Teachers/Support Staff	13.3 (n=12)	66.7 (n=60)	20.0 (n=18)	100.0 (n=90)
Administrative Staff	50.0 (n=10)	45.0 (n=9)	5.0 (n=1)	100.0 (n=20)

Overall, more than three-quarters (77.9%) of the caregivers said they received some training in how to report child abuse and neglect. Table 7 indicates awareness of how to report by staff category. Administrators are more likely to have received training (87.5%) than teaching staff (75.3%).

Table 7 Training in the reporting of child abuse and neglect

Staff category	Percent “yes”	Percent “no”	Total
Teachers/Support Staff	75.3 (n=67)	24.7 (n=22)	100.0 (n=89)
Administrative Staff	87.5 (n=21)	12.5 (n=3)	100.0 (n=24)

Subjects were asked whether they believed they were adequately trained to identify and report child abuse or neglect. Table 8 shows that only 7.7% of the teaching staff and 26.1% of administrators surveyed reported they are definitely trained; about two thirds of each group reported being somewhat trained to identify and report child abuse or neglect. Over a quarter (25.3%) of the teachers believed they were not at all adequately trained to report.

Table 8 Adequately trained to identify and report child abuse and neglect

Staff category	Percent “definitely”	Percent “somewhat”	Percent “not at all”	Total
Teachers/Support Staff	7.7 (n=7)	67.0 (n=61)	25.3 (n=23)	100.0 (n=91)
Administrative Staff	26.1 (n=6)	60.9 (n=14)	13.0 (n=3)	100.0 (n=23)

Caregivers were asked to indicate the sources they use for information on the topic of child abuse and neglect (Table 9). Talking with others was rated highest (85.6%). Two thirds of the respondents also report using informal sources (books, magazines and television programs) as well as more formal sources such as training and course work. Items written in as “other” included personal/real life experience, training received as an investigator from CPS, social work training, school experience with abused children, work with abused and neglected children, child abuse advocacy groups, and foster parenting.

Table 9 Sources of useful information about child abuse and neglect

Source	Percent “yes”
Talking with others (n=118)	85.6
Books or magazines (n=115)	78.3
Television programs (119)	73.9
Booklets or brochures from agencies related to young children (n=115)	73.9
Employer training or program handbook (n=113)	68.1
Training conferences or workshops (n=112)	66.1
A course or class (113)	61.9

Finally, when asked if they had received training information on cultural practices that might be considered possible child abuse or neglect, most subjects (81.2%) indicated

they had not. This was the only item that showed very little difference between teaching staff and administrative staff.

Discussion of caregiver training

Overwhelmingly, respondents said they were only somewhat or not at all familiar with the basic knowledge needed to report suspected abuse and neglect (Table 6).

Administrative employees were more likely (50%) than teaching staff (13.5%) to say they had received essential training in recognizing child abuse. Child maltreatment is one of four training topics required by the state child care licensing agency before employment in a child care center or full time pre-school is allowed. With a mandate to report suspected child maltreatment, more than half of those who care for young children in child care centers do not have the basic knowledge to do so.

Three questions on training and ability to report, despite their overlapping nature, showed differences in the way participants answered them (Tables 6, 7 and 8).

Participants, when asked whether they had any “specific training related to child abuse and neglect”, answered about 50% yes and 50% no (Table 5). However, when asked whether their training included “how to report child abuse or neglect”, almost 80% reported that it did (table 7). Both questions ask for information received through training, but since “how to report” is a sub-set of “training related to child abuse and neglect” the answers might be expected to be the nearly the same or possibly of a smaller percentage. When asked if they were adequately trained (Table 8), only 11.2% of those surveyed said they were. Two thirds (66.4%) believed they were somewhat trained and nearly a quarter believed they were not at all trained to report. One explanation may be

that participants received some “on the job” information during the orientation for all new employees that is required by child care licensing directives. Such information could narrowly focus on the legal requirement to report rather than training in recognition of symptoms. One of the four components of the orientation requires that caregivers recognize signs of child abuse and neglect (which are not specified) and report suspected abuse and neglect to appropriate authorities. All caregivers, therefore, should have been told about the requirement to report, but still may have received very little specific training about child abuse and neglect itself.

Though these three questions related to knowledge of child abuse and neglect assess different aspects of the training participants had received, they are in agreement in several ways. Over half the caregivers had received no specific training related to child abuse and neglect, and only 11.2% felt they had been adequately trained in the topic. Additionally, informal sources of information were reported more frequently than formal sources of information. Most caregivers (85%) got their information on child abuse and neglect from talking to other people (family, friends, and fellow-workers) or from books, magazines, and television. Clearly, additional caregiver training in child abuse and neglect is needed.

Subjects chose from both formal and informal sources of possible training in child abuse and neglect, with training content unspecified, to indicate their preferred method of instruction. Most (85.6%) selected talking with others as a source of useful information about abuse and neglect. While this was the preferred mode of receiving information, it does not follow that these discussions provided caregivers with an accurate and

professional level of information. This is also be true of the books, magazines and television programs that were selected by caregivers as being highly utilized for information on child abuse and neglect, particularly if they were not of a sufficiently accurate and professional nature. About two thirds of the caregivers reported that training conferences or workshops (66.1%) or a course or class (61.9%) were sources of useful information. Since only 54.7% reported having specific training in the reporting of child abuse and neglect, some respondents may not have answered the question based on their own previous experience.

Over 80% of the child caregivers in the study reported receiving no information on cultural practices that may confuse issues related to possible child maltreatment. Increasing numbers of immigrant, bi-cultural and/or non-English speaking families with a variety of little understood cultural practices send their children to child care programs in this country. While no child should be abused and every suspected case must be reported, families should not be reported to authorities simply because their child-rearing and other social practices differ from the mainstream. All caregivers deserve to be supported with training that could help them differentiate between cultural practices by any group which are little understood, and those practices that may be abusive.

Findings in the quantitative data from this study provide complementary, though not matching, conclusions about the further need for training when compared with the findings of Jacobson, Glass and Ruggiere (1998) whose subjects included a variety of child contact professionals. Their survey, conducted by telephone, indicated that over 93.3% of respondents who worked in child care centers (n=45) had at least some training

related to child abuse and neglect. The present study found only 45.3% of respondents (n=117) answered “yes” to receiving training related to child abuse and neglect. In both studies, additional and much more specific training for child caregivers in the recognition and reporting of suspected child abuse and neglect is indicated.

Self-reported ability of caregivers to recognize and report child abuse and neglect

Child caregivers were asked whether they could identify abuse and neglect among children in various age groups (Tables 10, 11, 12 and 13). For each age group, twice as many administrators (40%) reported confidence in their ability to recognize child abuse and neglect than teachers (20%). Nearly half of the administrators perceived themselves as only somewhat able to recognize child abuse at each age level, but over 80% of the teachers were no more than “somewhat able” to recognize child abuse at each age level.

Table 10 Ability to identify abuse and neglect among infants (birth to one year)

Staff category	Percent “very able”	Percent “somewhat able”	Percent “not able”	Total
Teachers/Support Staff	17.8 (n=16)	72.2 (n=65)	10 (n=9)	100.0 (n=90)
Administrative Staff	39.1 (n=9)	47.9 (n=11)	13.0 (n=3)	100.0 (n=23)

Table 11 Ability to identify abuse and neglect among toddlers (one to three years)

Staff category	Percent “very able”	Percent “somewhat able”	Percent “not able”	Total
Teachers/Support Staff	17.7 (n=17)	78.1 (n=75)	4.2 (n=4)	100.0 (n=96)
Administrative Staff	39.1 (n=9)	52.2 (n=12)	8.7 (n=2)	100.0 (n=23)

Table 12 Ability to identify abuse and neglect among pre-schoolers (three to six years)

Staff category	Percent “very able”	Percent “somewhat able”	Percent “not able”	Total
Teachers/Support Staff	20.0 (n=19)	77.9 (n=74)	2.1 (n=2)	100.0 (n=95)
Administrative Staff	43.5 (n=10)	56.5 (n=13)	---	100.0 (n=23)

Table 13 Ability to identify abuse and neglect among school-agers (six to twelve years)

Staff category	Percent “very able”	Percent “somewhat able”	Percent “not able”	Total
Teachers/Support Staff	21.5 (n=20)	74.2 (n=69)	4.3 (n=4)	100.0 (n=93)
Administrative Staff	33.3 (n=8)	62.5 (n=15)	4.2 (n=1)	100.0 (n=24)

Subjects were asked whether they could identify different types of abuse and neglect. Responses in Table 14 show half the subjects strongly agree that developmental characteristics help to identify child abuse and neglect, but half do not. About two thirds somewhat agree that they could identify physical abuse, sexual abuse, emotional abuse, and neglect. In each of these categories, administrative staff reported more confidence than teaching staff in their ability to recognize and respond appropriately. Several participants were unclear as to the meaning of the term “developmental characteristics” and asked the investigator for a definition before marking an answer to the question.

Table 14 Child caregiver ability to identify child abuse and neglect

	Percent “strongly agree”	Percent “somewhat agree”	Percent “do not agree”
The developmental characteristics of a child help in identifying child abuse and neglect. (n=118)	48.3	50.0	1.7
I could tell the difference between physical abuse and unintentional injuries. (n=119)	11.8	73.1	15.1
I could identify sexual abuse by children’s actions or words. (n=114)	21.1	66.7	12.3
I could identify emotional abuse or neglect. (n=119)	29.4	62.2	8.4
I could identify physical neglect. (n=121)	38.8	60.3	0.8

Discussion of self-reported ability to recognize and report child abuse and neglect

Few of the caregiver teaching staff reported being “very able” to identify child abuse and neglect at any age, with recognition in infants (17.8%) and toddlers aged one to three (17.7%) virtually the same. Administrators were somewhat more confident of ability to detect (39.1) in both infants and toddlers. Teachers reported being “very able” to detect (20.0%) slightly more often if children were pre-schoolers aged 3 to 6, and 43.5% of administrators were “very able” to detect. These results may be compared to the 1998 study by Jacobson and others that reported 27.3% of child care center staff believed they could detect abuse and neglect in infants, 31.1% in toddlers, and 66.7% in preschoolers. Child caregivers, particularly teachers, may be counting on children’s verbalizations to provide them with information about abusive practices, consequently feeling less sure with nonverbal or limited speaking abilities of younger children. Ability to speak, however, may not necessarily result in children disclosing maltreatment, and care should be taken not to depend on this as a factor in decision making.

Caregivers’ ability to identify types of child abuse and neglect was also low, about 20%. Half of the respondents indicated they somewhat agree that developmental characteristics of children would be of use in identifying child abuse and neglect. Teachers were slightly more likely than administrative staff to agree strongly with the statement, perhaps because of their higher level of daily contact with children and experience with meeting children’s needs. It is possible that some subjects did not understand the term “developmental characteristics”. Knowledge of developmental

milestones in children's growth (what can be expected from them, or “usually happens”), however, can help support the process of making decisions to report as mandated.

The fact that very few subjects (11.8%) strongly agreed they could differentiate between physical abuse and unintentional injuries is of concern. This ability lies at the heart of the decision making process and the choice of whether to report or not report. Subjects may have been more comfortable “somewhat” agreeing they could distinguish child maltreatment from the accidental injuries children receive. When put in the context of other variables, including caregiver and parent relationships, fees paid by parents and salaries paid to caregivers, director-employee status levels, “somewhat” may be overridden by other considerations and not be strong enough to protect children adequately.

Though still a relatively small number, nearly twice as many caregivers (21.1%) strongly agreed they could identify sexual abuse by children’s actions or words. Experts in this field would disagree that sexual abuse is easier to identify than other forms of physical abuse. Child sexual abuse, which may be accompanied by threats or bribes from the perpetrator, is thought to be the most difficult form of maltreatment to detect (Conte, 1986, 1991). Miller (1996, p. 151) reminds early childhood teachers in a training manual chapter on child sexual abuse, that “Some children show no signs, physical or behavioral” while abuse is occurring. Since the pre-school or child care center may be the “one place where they feel safe”, symptoms may not be evident or be hard to detect. Lack of training in child abuse and neglect recognition and reporting may lead caregivers to believe sexual abuse is easy to detect, but such a belief is mistaken.

A final survey item asked subjects whether they would participate in an interview session with the investigator to discuss further the subject of child abuse and neglect. Over 75% expressed an interest in providing information during this phase of the study.

Interview Results

In the second data collection, individual interviews were conducted with ten subjects. Five teaching staff and five program administrators, selected to be interviewed based on convenience, responded to eleven decision making vignettes or scenarios. All subjects were eager participants who expressed sincere interest in the topic of child maltreatment. Many asked their own questions of the investigator during the course of an interview; questions were discussed and answered after the close of each interview.

Child care administrators in particular used the investigator as a resource and asked for additional kinds of information, including hiring of additional staff members, availability of child abuse and neglect materials or training, information on meeting licensing standards and enrollment in college classes. Teachers were more likely to indicate to the investigator that they depended on the program director to provide answers to the questions they had. Information requested was provided to participants when possible. One director requested an evening training session on child abuse and neglect for center staff members. This was held after staff had turned in their completed questionnaires.

Interview design

Conducting personal interviews with child caregivers allowed the investigator to probe for details which might not be forthcoming in other approaches. However, what

participants believed to be the “right answer” and what participants thought was expected by the investigator may have biased interview responses.

In each interview, the investigator read vignettes consisting of several sentences describing a child visually and in behavioral terms to the participant. Parental behavior, attitude, and verbalization were also described. Participants were asked to make their decisions based on the information provided in the vignette using their own best judgement. After each vignette was read, subjects were asked to decide whether or not to report suspected child maltreatment, and to name the type of abuse if it was reportable.

A series of eleven vignettes or scenarios was read to each subject. Five gave examples of situations focusing on a child’s behavior or appearance, five included information about a child’s parents, and one example cited information about a parent provided to one caregiver by another. The scenarios were also designed to implicate possible abuse or neglect across the four categories defined in state law (physical abuse, physical neglect, sexual abuse and emotional abuse or neglect). Children six months to five years of age were used as examples in the vignettes.

Vignettes focused on non-abusive as well as abusive situations. Two described normal developmental behaviors (a baby who cries before napping, two children who partially undress on the playground). Another described parental use of physical punishment (slapping a child) which is explicitly listed as permissible and non-reportable in the state legal code. This item also allowed for the discussion of differences in family cultural practices. Other vignettes described serious evidence of abuse, including a severe case of neglect, two possible indications of sexual abuse and four reportable cases

of physical abuse, with frequent and severe injury. While each subject had eleven opportunities to report suspected abuse (one for each vignette), only five of the vignettes described incontrovertible evidence clearly reportable to authorities. Examples were not embedded in the full context of knowledge about particular children and their families that is usually present in an actual child care center setting. The investigator encouraged participants to focus on the factors used in making decisions, rather than giving the “right” answer. Several open-ended questions about personal experience with child abuse and reporting concluded the interview and provided an opportunity for subjects to extend and add to their earlier comments.

Audiotapes made during the interviews were transcribed and added to other field notes. Summary and contact sheets were utilized and factors reported in decision making were coded and added to participant ratings of non-abuse or abuse and type.

Caregiver Reporting Patterns

Each of the ten subjects had eleven opportunities to report or not to report suspected child abuse. Table 15 shows administrator and teacher decisions to report or not report. Administrative staff were more likely than teaching staff to say they would report suspected abuse or neglect based on the situations described in the eleven vignettes (twenty-eight of a possible 55 reports). Teaching staff made nineteen of 55 possible reports, but indicated that eight of the reports would be made to the director instead of child protective agencies or police, deferring the making of a decision to report to the center director (“I would report this. I would go to the director...”; “yes,...my legal requirements are to report it to my director”). In cases where the teacher affirmed the use

of “yes” but made additional statements about reliance on a decision by the director, the investigator recorded the response as “yes”, but additionally categorized these responses as “soft yes”, as indicated in Table 15. More than a third of teaching staff’s “yes” answers fall into this category.

Table 15 Reports of suspected abuse and neglect to authorities

Vignette	Administrative Staff (n=5)	Teaching Staff (n=5)
1. (3-year-old, injuries)	4	3 (3 soft yes)
2. (5-year-old, hungry)	2	0
3. (4-year-old, burns)	4	4
4. (5-year-old, rest room)	0	0
5. (6-month-old, bruising)	4	3
6. (3-year-old, on knees)	2	0
7. (4-year-olds, curiosity)	0	0
8. (4-year-old, conference)	4	2 (1 soft yes)
9. (3-month-old, cries)	0	0
10. (toddler, injuries)	5	4 (2 soft yes)
11. (culture, slapping)	3	3 (2 soft yes)
Totals	28	19 (8 soft yes)

Five of the scenarios used in the interview sessions described situations that are clearly reportable to authorities (items 1, 2, 3, 5 and 10). Indications of severity and frequency in the description provided respondents with adequate evidence to report suspected abuse in these five cases. Table 16 provides administrator and teacher responses to these reportable scenarios, and again show the higher reporting levels of administrators. Nearly half of the reports of suspected abuse which teachers said they would make in these five situations were amended to indicate reports would be taken to the director for further action, and are indicated by the investigator’s use of the term “soft

yes”. Director responses and use of the “soft yes” response by teachers provide clear evidence that child care administrators almost always make the decisions to report suspected abuse and neglect of a child in the center to legal authorities.

Table 16 Responses to five scenarios that are definitely reportable

	Administrative Staff (n=5)	Teaching Staff (n=5)
Opportunities to report across all scenarios (11)	55	55
Reports that should have been made	25	25
Actual reports made	19	13 (6 soft yes)

Teaching and administrative child care staff responses to reporting did not differ greatly based on whether a particular scenario was child-focused or parent-focused, but maintained a similar pattern of higher numbers of reports made by administrators. Teachers, however, were less willing to assign blame to parents, especially when looking at possible neglect cases. With ten opportunities to report suspected child neglect, administrators reported six times, and teachers only once. Teachers made comments that reflected a reluctance to approach parents about possible neglect even when a child is consistently very dirty, unhealthy and hungry (“could have been just a bad day, mom couldn’t have maybe got the child cleaned up”; “there are a lot of little skinny kids running around”; “maybe it’s just a growth spurt”; “I would not make a big deal over not being healthy or being well groomed”). Some also said that while they would not report, they would talk to the director about these situations or suggest agencies that could help

the family. Table 17 shows the differences between the five child-focused vignettes and six adult-focused vignettes.

Table 17 Responses to child-focused and adult-focused vignettes

Child-focused (5)	Administrative Staff (n=5)	Teaching Staff (n=5)
Item 2. (5-year-old, hungry) suspected neglect	2	0
Item 3. (4-year-old, burns) suspected abuse	4	4
Item 4. (5-year-old, rest room) possible sexual abuse	0	0
Item 6. (3-year-old, on knees) possible abuse	2	0
Item 7. (4-year-olds, curiosity) non-abusive	0	0
Totals	8	4
Adult-focused (6)		
Item 1. (3-year-old, injuries) suspected abuse	4	3
Item 5. (6-month-old, facial bruising) suspected abuse	4	3
Item 8. (4-year-old, conference) possible neglect	4	1
Item 9. (3-month-old, cries) non-abusive	0	0
Item 10. (toddler, injuries) suspected abuse	5	3
Item 11. (culture, slapping) non-abusive	3	3
Totals	20	13 (6 soft yes)

Decision-making patterns

Statements respondents made as they discussed situations described in the vignettes were coded for possible decision making factors (Table 18). Both directors and teachers used frequency of incidents and severity of injury to make reporting decisions, with directors more likely to use both of these factors to make decisions than were teachers (32 uses by directors and 18 by teachers). Teachers were somewhat more likely to use observations and knowledge of children (27 uses) than directors (22 uses). Directors were much more likely (26 uses) than teachers (13 uses) to make decisions about whether an incident should be reported as suspected child abuse or neglect through observations of the child's parents.

Throughout the ten interviews, and while discussing eleven different vignette situations, no teachers and only two directors (once each) referred to previous training as a source of information which could help them make decisions about the eleven vignettes. Thus, in a total of 110 opportunities to do so, caregivers only twice mentioned training they had received as factors in making a decision about suspected child abuse and neglect. Directors (4 times) and teachers (5 times) said their previous work experience would help in the making of a particular decision. Teachers also cited personal life experience as being helpful to them in making decisions (4 times); no director mentioned this as a factor. This reliance on work and personal experience in the making of decisions may also reflect the teaching staff's lack of other more formal training.

Table 18 Factors used in making decisions in the eleven vignettes

	Administrative Staff (n=5)	Teaching Staff (n=5)
Frequency of incident	13	8
Severity of incident	14	10
Child observations and knowledge	22	26
Parent observations	26	13
Previous training	2	0
Work experience	4	5
Personal experience	0	4

Factors were also analyzed according to whether the vignette focused solely on the child or on the child and a parent. One vignette included information on the child's caregiver as well as the parent. All vignettes described a child's appearance or behavior; therefore, each provided an opportunity to discuss child-related factors. Results were analyzed as a whole, rather than by staff status. Table 19 shows that parental information, when available, was used by subjects in making decisions about the reporting of suspected child abuse. Since caregivers interact daily with a child's family in the course of their work, training in signs of potentially abusive parental behaviors should be included in the child abuse and neglect training that is mandated by the state.

Table 19 Factors used in making decisions in child-only and child with adult vignettes

	Child-only vignettes (Items 2, 3, 4, 6, 7)	Child with adult vignettes (Items 1, 5, 8, 9, 10, 11)
Frequency	4	17
Severity	6	18
Child observations and knowledge	33	15
Parent observations	11	28
Previous training	2	0
Work experience	4	5
Personal experience	0	4

The role and impact of ‘deference’ as a factor in the reporting of child abuse and neglect

The salient feature of the interview data was the agreement across teaching and administrative staff that teachers should defer to directors in decisions related to reporting, a factor the investigator will call deference. Examples of teacher and administrator use of deference is provided in Table 20. It appeared to be difficult in many cases for teachers to indicate that they would report suspected abuse and neglect without adding the phrase, “to my director”, even when the question was restated, “would you pick up the phone and call?”. None of the five teachers had ever reported a case of suspected abuse or neglect directly to authorities. Teacher statements included, “My legal requirements are to report it to my director”; “I’ve always told the director and we usually agree...”; “If I had some concerns I would tell my director... We never had enough information to make the call. I defer the decision to the director”. Even when

teachers classified a particular scenario as “yes” (a reportable incidence of suspected abuse and neglect) to the investigator, they often indicated that the report would be made only to the director: “I would report this. I would go to the director and say this is what I am seeing and what is documented”.

Directors also indicated that they expected staff under their direction to defer to their judgement. Some had policies requiring teachers to inform them of potentially abusive situations, and seemed to take it for granted that if calls were to be made reporting suspected abuse, they would be the ones to make them. One director was clear on what she saw as the roles of teacher and director in such cases, with an expectation of deference to her opinion from other staff: “The director should know basically the steps to take; it’s for the teachers to know what to watch out for”. She discussed the importance of teachers’ observations of children and awareness of possible abuse, and said, “...[but] I had teachers who took it upon themselves to report something that we [administrators] chose not to because we felt it was an isolated thing.... They took it upon themselves; we did everything that we felt was necessary.... We addressed it with the teacher for making a [wrong] decision”. She noted that the parent was upset and complained about the report, and removed her child from the center.

Table 20 Indications of deference by teachers and administrators

Teachers	Statements expressing deference toward directors
1	“Yes (report), I would get my director to come and see what she thinks”. “If I had my way, I would call immediately.” “I always tell the director and we usually agree. There was a couple of times we disagreed...and the director was more reluctant to report” (no reports were made).
2	“No, I would get my director involved.” “I discussed this [incident] with the mother and the director” (no report was made).
3	“I’ve never reported it myself.” “The teacher discussed it with the supervisor and the owners...and they decided to call...”
4	“Yes [report], I would tell my director.” “I would talk to the director, and the two of us would check...” “My legal requirements are to report it to my director.” “My decision was based on my director’s lead and I felt we didn’t have enough information.”
5	“If I had some concerns, I would tell my director and we would keep a file... We have never had enough information.” “I defer the decision to the director.” “I would seek a second opinion [on a serious injury to an infant].”
Administrators	Statements expecting deference from teachers
1	“The director should know the steps to take; it’s for the teachers to know what to watch out for.” “...we chose not to, because it was an isolated thing” (expressing anger at teacher who reported suspected abuse). “She [wrongly] made the decision based on her own.”
2	No statements related to deference: “When I train my teachers I tell them, you don’t want that on your conscience, if it’s ...one of the children,...injured or dead...[and you didn’t report].”
3	“I don’t want my teachers to overreact.”
4	No statements related to deference or teacher reporting: (teacher #5 is employed at this center).
5	“I would report that, once it reaches the director.” “...I would hope that my staff would bring that to my attention if I missed it.” “...[I train my staff] on what to bring to my attention.” “I always tell them to come to me first.”

Teachers also exhibited deference toward other teaching staff in circumstances where their mandated responsibility ought to have led them to report suspected abuse. In one case, a teacher would not report suspected abuse because the child was in another

teacher's classroom. She said, "I would discuss this with the teacher and...see if she can see it from my perspective and get additional details about the child and family...[but] I would not place the call". In a case demonstrating such severe injuries, any caregiver is mandated to report suspected child abuse.

Parents were often given the benefit of the doubt by teachers in situations that could possibly point to abusive actions. Teachers expressed more willingness to "take my cue" from what the parent says, "discuss it" with the parent, "ask them to explain it", or say "parents should be the judge" when making reporting decisions. They explained neglect with terms such as "growth spurts", "little skinny kids", and accept parents' inability to "keep the child clean". Other teacher responses were, "it is a matter of patience" with parents, "ask the parents for their help", "ask them to take the child to the doctor", "try to work with the child...pass on information to the parent about services available". While teachers must seek and use all the evidence they can gather in making reporting decisions, they should also be trained to weigh and prioritize the evidence. Observations of parental behavior and answers to caregiver questions about a child, including a lack of parental concern or response, are important considerations in making decisions about suspected abuse and neglect.

Both teachers and administrators made comments about their concern to make "correct reports", and not to report wrongly or to fail to report when they should. In a sense, both groups were expressing deference to authorities to whom they were to report as well as to the family who would be reported. Some used the term "losing the family", or "we lost the child", to express the fact that most families leave a program when a

report is made, whether or not it is substantiated. Caregivers expressed genuine sadness about this occurrence (rather than concern about the loss of a fee to the program), and made comments such as “we don’t know what happened [next]”. Nevertheless, reporting a parent to authorities as a suspected child abuser does in almost every case have a monetary effect when the child is removed from the child care program. Probably no other professional who is mandated to report (physician, school teacher, social service agent) is impacted financially in a similar way.

Discussion of vignettes and caregiver responses

In addition to coding for patterns of both reporting and decision making, the eleven vignettes were assessed individually and across similar situations to add to data findings. Teaching and administrative staff data is tabulated separately to allow patterns of differences to emerge. Individual tables for each vignette are located in Appendix E.

Vignette #1 (Table 21) described a serious child injury and denial by the mother, who had covered the injury with clothing inappropriate to the weather. Prudent professionals would suspect child maltreatment based on parental and child behaviors and the frequency and severity of the injuries. Three directors and three teachers of the ten subjects would report suspected abuse based on parental behavior. All directors and one teacher noted the inappropriate clothing, but one director did not see this as cause for alarm and would not report the incident, saying “three year olds dress themselves and their parent will allow them to dress themselves and they’re not always attentive to weather.” She would not report this incident. Directors mentioned frequency and

severity of injuries as factors in making a decision five times, and teachers mentioned these factors twice.

Vignette #10 (Table 30) also describes serious injuries, but of an even more severe nature. This incident, which should clearly be reported as suspected abuse, involved a child with repeated bruising and a broken leg. Complexity is added to the described situation by placing the child in another teacher's care. Teachers and administrators differed strongly in their responses. All administrative staff said they would report because of the frequency and severity of the injuries, as well as their locations ("most injuries happen on their hands and knees"). Administrators expressed irritation with the teachers described in the vignette for not taking the problem to the director. One asked angrily, "Where's the director in all of this?" [why hasn't she taken action?]. Four teachers would report this incident, similarly citing the frequency and severity of the injuries, although one said "Yes, I would report this; I would go to the director", a typical response throughout the interview sessions. No teacher indicated awareness that state law makes each individual in the center directly responsible for reporting such abuse. One teacher would not report the incident because the child was in another teacher's classroom, saying, "I would discuss this with the teacher and... see if she can see it from my perspective and get additional details about the child and family...[but] I would not place the call", again raising the issue of deferring to others rather than assuming responsibility for reporting suspected abuse and neglect. Another teacher wavered and decided "maybe it [the child's alleged clumsiness] is a medical

condition.” With injuries of this severity, any observer should report suspected child abuse.

Another vignette #3 (Table 23) which describes a reportable incident provides an example of a child who won’t or can’t answer a caregiver’s questions, a phenomenon which is not unusual in young children who have been abused. Children are often unable to answer questions caregivers have about their injuries, either because they are pre-verbal or because they refuse to speak out of fear, shame, or the inability to express what has happened to them (Miller, 1998). Caregivers should be trained to expect a lack of response from children, and not to assume lack of disclosure means abuse has not occurred. Equal numbers of teachers and directors (80%) recognized the “small round burns on both arms” as evidence of multiple cigarette burns, and would report suspected child abuse. The two who would not report suspected a “medical condition” as the cause of the injuries and shyness as the reason for the child’s lack of response to teacher questions. Both suggested talking to parents or to the child’s physician, actions which are inappropriate. First, no physician would discuss the medical condition of a child with a child caregiver because of right to privacy laws. Secondly, discussions with parents concerning suspected abuse should only take place after a report has been made to authorities, in order to pre-empt the possibility of counter-accusations by parents against caregivers. Caregiver training in the recognition and reporting of suspected child abuse and neglect should include cautions against both these actions.

Two vignettes, #7 and #9 (Tables 27, 29), should be recognized by any practitioner as non-abusive situations. One involves normal four-year-old child sexual

curiosity and the other a three-month old colicky baby. All caregivers agreed these were non-reportable incidents. Eight of the ten described this sexual curiosity as “typical” or “normal” four-year old behavior, and some would mention it to parents. Teachers had personal or work experience which helped them make a decision not to report the baby who cries before sleeping as suspected abuse. Only one director mentioned previous work experience as a factor in making this decision. Another did not “take babies” in the center and did not know if this was normal, and a third said she would ask the parent for a doctor’s report. All five teachers expressed confidence that crying before sleeping was normal three-month old behavior.

Possible sexual abuse is described in Vignette #4 (Table 24), a five-year old girl who is anxious about toileting, and Vignette #6 (Table 26), a three-year old boy who complains that his bottom hurts. No subject would report the case of the anxious five-year old. Staff seemed to struggle to try and find other reasons for the described behavior. Four of the teachers attributed this reaction to modesty, a need for privacy or possible urinary tract infection. A teacher said, “I wouldn’t go to the extreme, because that’s not my field, but I would try to figure out why that child does not want to go to the bathroom...not trying to make them say something about somebody, but just figuring out why...”. Although the incident of the three-year old who can’t sit down may have implications for child sexual abuse, it could also have been attributed to severe physical punishment. No teachers would report this, and attributed it to age appropriate (“little boys are like that”) or “antsy” behavior. Two administrators would report this incidence; all would examine the child for bruises, and one who would report said, “... because it

could be sexual abuse, not something I could see – internally.” A teacher thought the cause of the child’s behavior could be spanking, but excused it by saying “that’s parent discipline”.

This vignette also provided opportunities for probing into caregiver feelings about spanking. As spanking came up in caregivers' discussions, the investigator encouraged personal opinions about the practice. No directors indicated approval of spanking, but several discussed spanking or being spanked in the past in negative or neutral terms. A director said she had “learned in courses” how to use other ways to work with children; another said, “I don’t like slapping”. Teachers were more positive about spanking as a parental behavior. One said, “that’s discipline, I think...I don’t look down on parents that do [spank].” Another seemed concerned that some might consider spanking as abusive and said, “Now wait a minute! What does this have to do with what we’re talking about [abusive practices]?”

The age of the baby (six months), the seriousness of injuries and inadequate and conflicting parental explanations described in vignette # 5 (Table 25) should be adequate cause to report this case to authorities. While six of the ten caregivers used severity as a factor in reporting suspected abuse of a child with cigarette burns in an earlier vignette (#3, Table 23), only two considered severity in this case of severe injury to an even younger child. All directors used the described parental inconsistencies as a factor in making their decisions, although one of the five decided not to report. Only two teachers used this factor. Caregivers expected fathers to be vague about what had occurred, but expressed concern that a mother would not be more knowledgeable.

In Vignette #8 (Table 28), parents refused to discuss their anxious, depressed, and shy child with a caregiver. While this might be an indication of emotional abuse or neglect, physical injury was not described. Four of the five directors would report this incident, while only one of five teachers would do so. Every director used parental behavior, “unconcern”, or “not caring” as a reason to report. One said, “They will talk to me [about their child’s behavior], or I’ll report them”. The one director who would not report said, “the situation in fact for the child could be even made worse. I feel like there is not enough there for Child Protective Services to take some action...they have their own methods of investigating...am I just going to offend somebody or make parents angry who may be abusing a child and take it out on that child later? I think all those factors come into play”. This director’s worry about making parents angry was more typical of teacher responses. For example, one teacher said “Just because the parents do not have time to talk to me about it, that is not a reportable crime....I would pass on information about services available”. Most teachers said they would continue to attempt to talk with the parents about their child.

Scenario (#2, Table 22) presents a classic example of severe neglect (a hungry, sickly, dirty and poorly dressed child who has a sibling who is well cared for). Only two of the ten interviewees (both directors) would report to Child Protective Services. This was one of two vignettes in which the same subject, a director, used previous training as a factor in explaining her decision to report, saying, “That’s a definite reportable... they taught us that one of the very first things that a neglected child will do is hoard food. I found it to be very interesting. They had a seminar on this. Yes, training me to make a

decision on this”. Although the sibling differences were noted by many of the caregivers, three directors based their decision not to report suspected abuse on the fact that a younger sibling described in the scenario is healthy and well cared for. It is, in fact, common for one child to be selected as a victim in a family, while other siblings are treated in a more or less normal fashion (Garbarino, 1997). Caregiver training should include the information that not all children in the same family may suffer equally from parental abuse and neglect.

Statements from teachers included such comments as, there are “a lot of skinny little kids running around...”; “kids often hide food”; “I would ask the director to look at it”; “no, the brother is well cared for... they [CPS] would want more information than this”; and “I would not make a big deal over not looking healthy or being well groomed”. Teachers seemed to displace the responsibility for appearance and cleanliness onto the child, and to show hesitancy about placing the blame on the parent (“[it may have been] a bad day”). In the earlier survey questionnaire fewer than a third of both teachers and directors reported they would be able to recognize child neglect. The small interview sample of ten subjects shows similar findings, with only two directors reporting this incident as suspected abuse.

A scenario (#11, Table 31) that described parents from another country who slapped and yelled at their children allowed participants an opportunity to talk about spanking or hitting children, as well as differences in cultural child-rearing practices. Two directors would not report and said they would use this incident as a parental education opportunity to discuss child guidance. The other three directors indicated “in

this country”, “over here”, or “in our center” this is not allowed. In fact, the Texas legal code specifically states that parents may use physical punishment as a disciplinary tool with their children. Three teachers would also report the family to Child Protective Services. Three administrators and three teachers were more defensive of the use of physical punishment. One remarked, “That’s discipline - I don’t look down on parents that do [spank]”. Another said, “Slapping in the face is not good, but not reportable... Parents should be the judge of this. Beating is not ok, but if a slap or yelling gets your child’s attention, that is the way that parent has to do it.” A teacher with another view explained, “Slapping in front of everybody else, they may not realize that in our country this is abuse.” (The Texas legal code excludes from mandated reporting physical punishment by a parent that does not cause serious injury.) Another said, “I would like to call CPS for direction and guidance...and do a lot of observing.” A teacher who “talked through” all parts of the scenario, after much debate with herself said “maybe”, then “yes”, remarking “Well, there is definitely emotional abuse and there is definitely physical abuse in some sort because they are slapping the children.” Another said, “No, not reportable. Yelling and slapping is not enough for an agency to follow up on. I would personally try to find out more about the family and their culture, because we used to whip our kids with sticks off the trees; this may be acceptable in their culture. I might share with the parents about how children are disciplined in our culture.” The responses to the cultural aspect of this vignette were emotional and varied, with no clear pattern. Both those who would and would not report empathized with or criticized this family from another culture.

A high number, six of the ten, would report this legal though troubling behavior to Child Protective Services as physical and possible emotional abuse, many saying culture is not relevant in this case, or “has nothing to do with it”. Many were unsympathetic to the cultural difference: “Even though we are talking about a different culture, they are now in this country; they are now in our care, and I would feel obligated to report that, then they could explain that to the authorities!” Another teacher stayed with her earlier response to another vignette, saying that parents should “judge” when slapping is needed. A director who earlier reported “in certain incidents, spanking is needed” had little patience for this family. “We are in America now. If you’re going to live in America, you’ve got to follow the laws...[if] I feel there is abuse, I would report it...reportable, because of the slapping and yelling”.

This intolerant attitude toward culturally diverse behavior in child-rearing practices (though not in this case very diverse) may reflect survey data showing over 80% of the 123 subjects had received no training in family cultural practices. The child contact professionals in Jacobson’s survey (1998), including trained specialists in medical, child advocacy and legal fields who might be expected to have access to better and more current approaches to child care and abuse training, also report a high rate (68%) of no training in family cultural practices. Both studies have implications for the content of training provided to caregivers.

Conclusions

Two research methods were used to answer the research questions regarding factors used by caregivers in making decisions about the recognition and reporting of

suspected child abuse and neglect. Both the survey questionnaire and the interview questions provided information that pointed to the lack of training in child abuse and neglect being utilized by child caregivers in the study. This finding is consistent with the difficulty subjects had in identifying child maltreatment, and in statements subjects made about their own experiences with non-reporting of suspected child abuse.

A summary of child caregiver training in child abuse and neglect

Teaching and administrative staff (n = 123) in fourteen child care centers completed questionnaires which asked about the training they had received in recognizing and reporting child abuse and neglect. The ratio of teaching staff to administrative staff was 4:1. Only half (49.2%) of the subjects had at least some educational experience beyond a high school diploma or GED degree, with administrators (41.6) more likely than teachers (25%) to have a college degree.

More than half (60.2) of the teaching staff and a third (33.3) of the administrative staff said they had received no specific training related to child abuse and neglect. Most of the teachers (86.7%) and half (50%) of the administrators were unable to say they were familiar with state law regarding child abuse and neglect. Only 7.7% of the teaching staff and 26.1% of the administrative staff reported they were definitely trained to identify and report child abuse and neglect.

Child caregivers selected talking with others (85.6) as the highest rated source of information about child abuse and neglect, followed by books and magazines (78.3%) and television programs (73.9%). Most subjects (81.2%) reported they had received no training on cultural practices that might relate to child maltreatment.

Overall, caregivers who answered the survey indicated they had received very little training specifically related to child abuse and neglect, relying primarily on conversations with others as a source of knowledge about the topic. Such a substantial lack of training leaves caregivers poorly prepared to carry out their legally mandated responsibility to report suspected child abuse and neglect to the proper authorities.

A summary of the factors influencing childcare providers in the reporting of child abuse

Five teaching staff and five administrative staff responded to scenarios or vignettes presented to them in interview sessions. As caregivers expressed their opinions about the various scenarios, they provided answers to the questions as to what factors they used in their decisions to report or not report potentially abusive practices.

Administrators were more likely to say they would report an incident as suspected abuse or neglect (28 reports) than were teachers (19 reports). Additionally, teaching staff often indicated that their answers of “yes” (they would report) meant they would report only to the director. Eight of the 19 reports were categorized as “soft yes”, or a report to the director. This use of deference toward administrative staff was expressed by all five of the teaching staff. Four of the five directors also indicated they expected such deference from teaching staff. Only one director of the ten subjects interviewed indicated an awareness of the state mandated individual responsibility to report suspected child abuse and neglect.

Of the decision making factors caregivers used to make judgements about potentially abusive practices, administrators were more likely to use information about a child’s parent. Statements regarding parental behavior and verbalizations were made

twenty two times by the five administrative staff as they made reporting decisions. The five teachers made less use of the information provided about parents when making their decisions, with eleven statements related to what parents did or said. This was the largest variation between the two groups in their reports of how decisions were made.

Using information about child abuse that had been provided during caregiver training was reported only twice by the five directors during discussions of the eleven scenarios. None of the five teachers mentioned their training as helpful in making decisions about child abuse. Both teachers and directors cited previous work experiences in the making of decisions. However, only teaching staff named personal experiences as helpful in making reporting decisions.

Directors were more likely than teachers to comment on the severity and frequency of child injuries when making decisions (twenty-four reports), although teachers used these also to a lesser degree (sixteen reports). Teachers used information about a child's age and development or behavior only slightly more than directors did, and both used this factor often (twenty-two uses by teachers, twenty by directors).

Caregivers also provided information about those occasions when they suspected abusive practices and failed to report, including teaching staff who reported only to their directors, which was often the same thing. Four directors said they had never failed to report what they thought was suspected abuse. One director said she had suspected a friend was abusing her child and did not report it, "when I was younger, less mature", indicating she acts differently now. Two teachers wavered in their answers as to whether they had failed to report, saying they "suspected" and did not report, then deciding what

they had seen was not abuse. Another teacher rather painfully told of an incident that she described as “not normal behavior” between a father and daughter and “the knowledge the child had”. “My decision [not to report] was based on my director’s lead, and I felt we didn’t have enough information”. These personal experiences by teaching staff point again to a strong use of deference toward their directors when making reporting decisions.

Worries about whether the authorities with “all that red tape” would find their reports unsubstantiated, children gone from their classrooms, and their hearts overburdened with what else they might have done to help a child, also troubled child caregivers. As one teacher said, “I never saw anyone who looked like an abuser”. Caregivers shared their concerns about “being correct” or “having enough” to make a report to CPS. Three directors and one teacher made positive or neutral comments regarding Child Protective Services; one director and two teachers made negative statements, including one who was reported to CPS in relation to her own child, and expressed some bitterness about the actions taken in her case.

Evidence in both sets of data point overwhelmingly to a lack of training about child abuse and neglect by subjects participating in the study. Both teaching and administrative staff are unaware of basic state law and the mandated requirement that each individual who works with young children must report suspected abuse and neglect. Reporting decisions are being left to the discretion of child care administrators, who in fact, are considerably more likely to have received at least some training. Although directors showed some awareness of parental behaviors that may indicate child abuse,

teachers were likely to ignore or forgive such behaviors, and either to excuse signs of abuse or place some of the blame on children themselves. Some of the subjects in the study also expressed a lack of basic trust in the child protective services system and the authorities to whom they are to report. Clearly, the evidence points to a need for expanded, specific and mandated training in the recognition and reporting of child abuse and neglect for child caregivers.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

Summary

During 1997, child protective service agencies in the United States received over three million reports of children who were suspected of being abused or neglected. Over 75% of the victims of child abuse fatalities were under the age of five at the time of death and more than one third were under one year of age. In Texas, four thousand children die each year of sudden and unexpected causes. Texas Fatality Review Teams carefully examine all of these deaths in an effort to establish whether or not child maltreatment is a factor. The tragic circumstances and experiences of so many children are a cause of deep concern and increasingly active attention and intervention at all levels of government and among advocates and practitioners who work with young children. Prominent among those most directly and intimately connected on a regular daily basis are the nation's child caregivers. Their close personal and daily contact with young children and their families afford them unique first-hand opportunities to identify child abuse and neglect, and they are by law required to report to the appropriate authorities any suspected abuse and neglect of children who attend the centers where they are employed.

The decision to report suspected abuse and neglect is both difficult and complex. The close personal relationships caregivers have with children and their families assist them in the identification of suspected abuse and neglect but can also complicate the process by which decisions to report are made. The personal and professional experience of caregivers, their social, educational and cultural backgrounds, their beliefs, the

consensual views of their peers and colleagues, and the policies, advice and direction of their childcare centers all condition and influence the decisions which caregivers are mandated to make. The primary and most important influence upon them in this decision making process, however, is, or ought to be, the training in the recognition of child abuse and neglect which all caregivers need and are required to receive.

Purpose of the study

This study was designed to answer two research questions.

1. What immediate situational factors, including child behaviors, parental and adult behaviors, or severity and frequency of possible child abuse are considered by child caregivers in the recognition of suspected child maltreatment and in making decisions whether to report or not to report suspected child abuse and neglect?
2. What other factors, including personal experience, attitudes, knowledge or training, and other environmental issues, are weighed by caregivers in making decisions whether to report or not to report suspected child abuse and neglect?

Instruments used in the study were the “Child Abuse and Neglect Child Care Survey” and the “Child Caregiver Abuse and Neglect Interview”. Of the twenty-five centers that were sent letters inviting participation in the study fourteen agreed to participate. Center directors distributed survey questionnaires to their staffs, and voluntary subjects returned 123 forms. Frequencies were found for the survey data and presented either for subjects as a whole, or by categories of administrative and teaching staff when these appeared to affect responses. Interview audiotapes and field notes were

transcribed and coded during the second phase of the study, and findings were again reported as a whole or by category as appropriate.

Research findings

Over half of the caregivers who responded to the survey said they had received no specific training in child abuse and neglect, in spite of the fact that such knowledge is a licensing requirement of the state in which the study took place. Subjects selected “talking with others” most frequently (85.6%) as a source of information related to child abuse and neglect. Though twice as many administrators (40%) as teaching staff (20%) reported confidence in their ability to recognize child abuse and neglect, both groups overwhelmingly reported uncertainty about their ability to carry out the state mandate to report suspected child abuse and neglect. Only 17.8% of the teaching staff and 39.1% of the administrative staff reported being very able to detect abuse and neglect in infants, those children who are most likely to suffer fatal maltreatment. Very few of the caregivers who participated (11.8%) believed they could differentiate between physical abuse and unintentional injuries suffered by children, an alarming indication that many cases which should be reported to authorities are not.

Five administrative and five teaching staff from the original sample were interviewed individually and asked to make decisions about reporting suspected abuse and neglect based on vignettes which were read to them. Administrators were more likely than teachers to say they would report suspected abuse and neglect to authorities. Four of the five administrators said they had never failed to report as mandated. None of the five teachers had ever reported to delegated authorities, although four reported

discussing possible abuse with an administrator of the program where they worked. Administrators more often based a decision to report suspected abuse and neglect that was described in the vignettes on a description of parental behaviors, verbalizations or lack of concern (26 times) than did teachers (13 times). Teachers were more likely to make excuses for parents and focus mostly on descriptions of the child as they made reporting decisions. Throughout the discussion of the eleven vignettes, training was cited by subjects only twice, both times by administrators, as a source of information that was helpful in making decisions regarding child abuse and neglect.

The study provides an overall picture of how child caregivers in the centers that participated have responded to the state mandate to report suspected child abuse and neglect to the required authorities. It also reflects the openness and honesty of those who participated, as well as revealing the pain they experience as they make decisions about this most difficult, mandated and critical task. Above all, it reveals the serious inadequacies and deficiencies in the training provided for caregivers.

Conclusions

This study was designed to investigate the factors used by child caregivers as they carry out the state mandate to report suspected child abuse and neglect. Caregivers who participated in both the initial survey (n = 123) and the interview sessions (n = 10) provided information on the training they had received and the factors they used when considering whether or not to report suspected abuse and neglect to delegated authorities.

Analysis of the survey and interview data indicated the lack of training in the recognition of signs and symptoms of child maltreatment as well as in the reporting of

suspected abuse and neglect to authorities, both of which are mandated for those who provide services to young children. Additionally, information on the factors used by child caregivers in recognizing and reporting suspected abuse and neglect showed evidence of a general reluctance to report by caregivers participating in the study who were teaching staff. To the research question asking what immediate situational factors (including child behaviors, parental and adult behaviors, severity and frequency of possible child abuse) are considered by child caregivers in the recognition of suspected child maltreatment and in making decisions whether to report or not to report suspected child abuse and neglect, the following conclusions were reached:

1. Administrative and teaching staff differed in their use of observations of the behaviors of children and parents as an aid to evaluating situations as possible instances of child abuse and neglect. While administrators used child characteristics, including age, development and behavior as factors in making decisions, they tended to concentrate on parental characteristics when that information was available. Teachers were more likely to ignore or excuse parental actions and focus on information related directly to the child (tables 17, 18, 19).
2. Frequency of injury and severity of potentially abusive incidents were also used by caregivers in the process of making decisions in the case of suspected child abuse and neglect. Other factors overcame the impact of frequency and severity, however, particularly when teaching staff made decisions they thought might not be in agreement with those of the center director. There seemed to be no clearly established criteria for the assessment of the factors of severity and frequency,

and decisions could be influenced considerably by the relationships caregivers had with children and their families and teaching and administrative staff in the center (tables 18 and 19).

3. The general inability to distinguish between the accidental and the intentional inflicting of injury on children by caregivers was striking and alarming, with just 11.8% of subjects strongly agreeing they would be able to do this (table 14). Teaching staff in particular were willing to “explain away” severe injury and neglect of children as young as six months as something that “happens” with children (p 53; table 17 and 25).
4. Cultural behaviors exhibited by families were seen as deviant behavior by some caregivers and used by them to make decisions to report parental actions that are permitted by law (as in the use of physical punishment such as slapping). Subjects expressed little confidence in their ability to distinguish or understand cultural differences (table 31), and only 20% reported receiving training in this topic.

To the research question asking what other factors, including personal experience, attitudes, knowledge or training and other environmental issues, are weighed by caregivers in making decisions as to whether possible child maltreatment is in fact reportable suspected abuse or neglect, data indicated the following:

1. Child caregivers are poorly trained to meet their mandated responsibility to report suspected child abuse and neglect. Only 13.3% of the teaching staff and half the administrative staff were familiar with state legal definitions of child abuse and neglect and mandatory reporting laws (table 6). Less than half (39.8%) of the

teachers and two thirds (66.7%) of administrators surveyed had received specific training in the recognition and reporting of child abuse and neglect (table 5). This important finding is similar to the results of Jacobson, Glass and Ruggiere's 1998 survey of child contact professionals. A state mandated responsibility to report is therefore not being met, and in some licensed centers there may be no caregiver competent or qualified to report (tables 18, 19 and 22).

2. Caregivers indicated that information about child maltreatment was sought or came to them primarily from discussion with others (85.6%), with books or magazines (78.3%) and television and agency brochures (78.3%) also named frequently as sources. Employee provided training, conferences or workshops, and a course or class were less utilized (between 61% and 68%). Few participants referred to specific or relevant courses, seminars, workshops or training sessions. The comments made by those who said they had received training indicated that the mandated pre-employment orientation for potential caregivers were at best rudimentary, and that other more formal training was received by some administrators, but seldom by teachers. The participants in the study were not asked for the titles and contents of books, magazines and television programs, but it is probably reasonable to assume that these sources were of a general, popular nature, and not professional or academic in content or origin (table 9).
3. The data collected on the educational levels and qualifications of those working as teaching staff in child care centers indicates most practitioners are employed in entry level positions with low wages. This makes even more critical the need to

provide caregivers with a level of training that will give them the knowledge and skills necessary to carry out the state mandate to report child suspected abuse and neglect (tables 1-3).

4. The ten caregivers interviewed were provided with a total of 110 opportunities to include training as factor when making decisions about possible child abuse and neglect. Formal training in the recognition of child maltreatment was cited only twice in the study as a contributory factor in the recognition and reporting of a simulated case of child abuse and neglect. Both subjects who named training as a factor in making a decision were administrators.
5. Teaching staff were more likely than administrators to rely on their own previous work as caregivers or other personal experience as a factor which helped them make decisions about possible child maltreatment. These previous experiences provided them with information they used in formulating their decisions to report, or not to report, suspected child abuse and neglect (tables 18 and 19). With little or nothing in the way of formal training in the knowledge and skills related to recognizing and reporting child abuse and neglect they substituted life experience to help them to make these difficult decisions.
6. There was a generally shared but wholly erroneous assumption that sexual abuse of children is not difficult to identify, with all but 12.3% of participants somewhat or strongly agreeing they would be able to identify it by children's actions or words (table 14). When presented with simulated situations in vignette form, both teachers and administrators provided other causes for children's symptoms of

possible sexual abuse, and maintained a “wait and see” attitude. Several related troubling experiences in their own work situations in which they had asked for and accepted parental explanations of a child’s behavior or deferred to a director’s decision not to report what they believed might have been child sexual abuse (tables 24 and 26). Perhaps because of the highly emotional nature of this form of abuse, caregivers showed reluctance to accept the possibility that sexual abuse was taking place, even in the face of considerable evidence to the contrary.

7. Although not the focus of this study, several caregivers mentioned the importance of talking with parents in informal ways about children’s behaviors or the parenting of young children. Helping parents to deal more effectively and appropriately with their children eases intra-familial relationships and may reduce the incidence and risk of child abuse and neglect, and the need to report it. Parents’ daily observations of the appropriate practices of caregivers with regard to children may also exercise a beneficial influence on both parents and children. Caregivers should be provided with training in parent education techniques which can be used informally on a day to day basis as well as in more formal programs provided to parents. Easing family stress through parent education may also affect the incidence of child maltreatment.
8. The most striking outcome of this study is to be found in the identification of ‘deference’ as a powerful factor influencing caregiver decisions to report, or not to report, suspected child abuse and neglect. This factor was present as subjects discussed and made decisions about the vignettes, but was also apparent as they

talked about their own previous personal experiences. Participants who were interviewed exhibited a tendency to defer in their decision making to their expectations of program administrators, to parents and to other teaching staff. They also utilized their own perceptions of the expectations of the authorities to whom they were mandated to report.

Deference was most common and most influential, both in discussion of the vignettes and real life experiences, in its manifestation as an abdication by teachers of the personal responsibility to report suspected child abuse and neglect to designated authorities. Instead, teaching staff followed explicit or perceived directions of the child care director or center policy and left reporting to the discretion of the administrator in charge of the program. Teachers expressed a common belief that they should report to and through their directors, delegating decisions to report, or not to report, to them, some saying it was their “legal duty” to do so. Milgram’s studies in obedience (1974, 1991) showed similar responses to authority figures by those in subordinate positions, even at the risk of potential or perceived harm to others.

Directors themselves expected to be told of possible abuse, and to make the decisions as to whether or not to report it. This expectation by administrators abrogates the law, and while it may act to mitigate and ease subordinate caregivers’ traumatic concerns over cases of suspected abuse and neglect, it may often do so to the detriment of the children concerned.

Implications

Child caregivers are required by law to report suspected child abuse and neglect to authorities. This study collected survey data on the training in child abuse and neglect received by 123 subjects in fourteen child care centers. Interviews were conducted with ten of the subjects to investigate what factors are considered by child caregivers as they make decisions in the recognition and reporting of suspected child abuse and neglect. The findings of this study have implications for licensing, for legislation and for the training of child caregivers. They also indicate that additional funding is needed to study the unique phenomenon presented by a group that is mandated to report suspected child abuse and neglect, provided with little training to do so, and often must defer to the decisions of their superiors or face at least potential loss of their jobs.

Licensing:

Present state licensing regulations and procedures are concerned overwhelmingly with each child care program as a whole and not with individual child caregiver employees. Almost all other fields which require licensure, require a license or credential for the individual as well as for the entity in which practitioners work. All other practitioners who have contact with young children and are mandated to report suspected child abuse and neglect are required to maintain a license that allows for participation in their field. This is true in many other occupations. Hairdressers, who care for other people's hair, must be licensed by the state: child caregivers, who care for other people's children, have no such requirement.

A mere fifteen hours of annual training in all aspects of the care and education of

young children are mandated. There is no requirement as to number of hours or topics regarding child abuse and neglect and no assessment or testing of caregiver knowledge. Licensed childcare centers can employ caregivers with a minimum of training and education, and often do so in response to high caregiver turnover. The lack of caregiver training in recognition and reporting of child abuse and neglect documented in the present study indicates clearly that licensing standards are not presently stringent enough to ensure that licensed childcare centers have staff who are competent to recognize and report suspected child abuse and neglect.

Texas child abuse and neglect legislation:

The present legislation related to the reporting of suspected child abuse and neglect needs clarification as well as wider dissemination. Only 20% of the subjects surveyed were able to report they were familiar with the law regarding child abuse and neglect. Of the five teaching staff interviewed, none had ever reported suspected abuse and neglect, with some indicating they had suspected and not reported. All five teachers interviewed were unaware of their personal obligation to report suspected child abuse and neglect to authorities outside the child care center. State legislation calls for fines and jail terms for those who fail to report as mandated, but there is no evidence that caregivers are aware of these serious consequences or have in fact been affected by them. Further clarification that the mandate to report lies with the individual who observes the incident would validate and strengthen the existing law. All programs that serve young children, including child care centers, public and private schools, and other programs that serve

young children should be required to post this information along with the state hot line telephone number for reporting suspected child abuse and neglect.

Caregiver training:

Survey and interview data both confirm that the training currently provided to caregivers in the recognition and reporting of suspected abuse and neglect is inadequate. Pre-service training is required, but neither the content nor the hours are specified. Nor are caregivers made unequivocally aware that they have by virtue of their employment a mandated duty and responsibility personally and directly to report suspected child abuse and neglect to the appropriate child protection agencies. Such a general lack of training in the recognition and reporting of suspected child maltreatment means that many children continue to face harm because of the resultant failure to report suspected maltreatment which would allow for intervention by the appropriate authorities.

Cultural factors:

There is no specific provision and requirement for training in the recognition of cultural differences in the treatment, upbringing and education of young children, or of the importance of these differences in the assessment of possible child abuse and neglect. Most participants in the survey (81.2 %) said they had received no training or instruction in family cultural practices. Many of those who were interviewed seemed to apply a harsher standard of reporting simply because a family was from another culture. While cultural difference is not a reason to refrain from reporting suspected child maltreatment, neither should it be seen as a reason to make such a report. Caregiver training in

recognition of the signs of child abuse should include information on a variety of cultural practices that may or may not indicate child maltreatment.

Parent education:

Several caregivers who were interviewed discussed talking with parents about their children, either to answer their own questions about possible child abuse or to assist parents in better understanding their children. Subjects who were administrative staff were more likely to see discussion with parents as a part of their responsibility toward families at their centers, but none indicated that they actually provided parental education programs. The education of parents in the appropriate treatment and upbringing of young children, as provided in child care center programming as well as through caregiver example, can be an important aid in the avoidance of potentially abusive parental and familial practices. It is at present virtually ignored or unrecognized by most programs for young children.

Research in caregiver training related to suspected child abuse

The present study has provided data on the lack of training received by child caregivers in the recognition and reporting of suspected child abuse. The study also demonstrates that many caregivers are unable to make appropriate decisions about suspected child abuse and neglect, and to comply with the mandate to report their suspicions, a serious finding. This implies that there may be children suffering from maltreatment which has not been reported and is therefore not being investigated. Further research would provide information about the currently available caregiver

training programs in child abuse and neglect, clarify the content of this training, indicate effective training strategies and materials, and quantify the optimal number of hours required to provide caregivers with effective recognition and reporting skills.

Recommendations

Both national and state laws have definitions, policies and procedures to be used in the reporting, investigating and validation of alleged child maltreatment. Child caregivers, properly trained, can play an important role in the reporting of suspected child abuse and neglect because of their daily interactions and observations of young children and their families. Conversely, a lack of training in the recognition of child maltreatment in its many symptoms can hamper caregivers' ability to detect and report it. Deference toward others, including colleagues, children's parents and designated authorities who should receive such reports may also impact reporting of suspected child abuse and neglect. The following recommendations may strengthen caregiver ability to recognize and report suspected child abuse and neglect effectively.

Research recommendations

Further confirmation of Jacobson and other's (1998) review of the child abuse and neglect training received by child contact professionals has been provided by the present study. Because of the dissimilarity between child caregivers and other more highly trained and licensed groups of practitioners, however, additional data about the training received by child caregivers is needed. Since caregivers are not required to obtain specific training, a degree or a license in order to be employed, it is critical that exact parameters on both content and hours of training in child abuse and neglect recognition

and reporting be provided. The present study found much confusion among caregivers concerning the following areas of information related to child abuse and neglect:

1. to whom the report of suspected abuse is to be made,
2. whether discussion of suspected abuse should take place with parents prior to a report being made,
3. differences between accidental and intentional injuries,
4. particular difficulty in the detection of child sexual abuse and emotional neglect,
5. the parameters of legal familial physical discipline,
6. the use of parent education as a tool for the prevention of child abuse and neglect,
7. and the recognition and assessment of injuries among infants and toddlers, a population at high risk for fatal child abuse.

At a minimum, these topics should be included in the training provided to every child caregiver. Additional research investigating caregiver training should seek to ascertain how best to provide every caregiver with information vital to the effective recognition and reporting of child abuse and neglect.

Further research should also investigate how caregiver training might best be implemented. Current sources of caregiver training, number of hours of training, and training materials and strategies should be examined, comparing the effectiveness of a variety of training settings and participant involvement levels. Every effort must be

made to provide caregivers with knowledge and skills that are easily transferred into the real life situations they will encounter.

Recommendations for individual licensing of child caregivers

Currently, child caregivers are required by state licensing regulations to complete eight hours of training before working in a child care center. Training is often perfunctory at best, and few if any of the eight hours cover child abuse and neglect. Survey data indicate that few caregivers are knowledgeable about the minimum legal requirement to report suspected abuse (just under 20% in the present study). Child licensing regulations must list specific requirements about the number of hours of training in the recognition and reporting of suspected abuse and neglect child caregivers must have and the topics that must be covered. Training information is provided to caregivers in accordance with the licensing regulation that mandates it, and the present regulation consists of only four lines of generalized text on the staff record form that is to be signed by child care personnel at the time of hiring.

The present system of licensing centers, rather than practitioners, encourages this low level of training by licensing only child care facilities, rather than facilities and the individuals employed therein. This reinforces the common misperception that teaching staff may report suspected abuse and neglect to the center director rather than designated authorities.

In addition, funding for child care training in child abuse and neglect must be an essential part of the licensing of child care practitioners. Training must be readily

available and at little or no cost to every caregiver entering the field. This is essential in a field with high turnover and a majority of entry level employees.

Only when every teacher and administrator is equipped with the essential knowledge needed to make accurate decisions about the children attending their programs, will effective and timely reporting of suspected child abuse and neglect occur. When that happens, and when those who abuse and neglect young children see that it has happened, many young children may be spared from becoming repeated victims of child abuse and neglect.

APPENDIX A
CENTER DIRECTOR PERMISSION LETTER

July 6, 1999

Dear Children=s Center Director:

My name is Carol Hagen, and as part of my doctoral studies, I will be collecting information from childgivers who work in programs for young children. Those who direct and work in children=s programs may have some experiences with possible child abuse and neglect. The information I am collecting will be used to help improve the planning of future training opportunities in this important topic for those of us who work with young children.

The project will involve about 10 to 15 minutes in the initial questionnaire, with a follow-up interview lasting approximately 30 minutes, which will take place at a time which is convenient to the participants. All programs contacted will receive a spiral bound copy of Caregivers of Young Children: Preventing and Responding to Child Maltreatment. In addition, teachers who fill out the questionnaire will be able to select from a rack of children=s books, and will receive a second book on completion of the interview, in appreciation of their help with the project.. Although some participants may feel discomfort while talking about child abuse and neglect, the knowledge of the benefits of the study on possible training provided in the future should compensate for this. Another benefit will be the books received by the centers and the individual participants. Participants may withdraw at anytime **without penalty, prejudice or loss of benefits**.

All information on the questionnaire will remain confidential, and will be coded by number only. At the end of the research project, the codes will be destroyed. You will receive a second copy of this form for your records and for future referral.

Every attempt will be made to carry out this project at a time which is convenient for your center (I would suggest during nap time). If you have questions and would like to contact me at any time, I can be reached at 940-484-6422 (my home) or 940-565-2555 (my work). Please leave your number if I am not immediately available, and I will call you back. Thank you for reading this letter.

I, _____ give permission for
(director=s name)

_____ to be used as a site for the
(program name)

collection of data, with all stipulations contained in the letter above to be maintained. I have been given copies of the survey questionnaire and the interview questions, and agree with their use in my center. I agree that any information obtained from this research may be used for publication or education. As stated, I may choose to withdraw my program from this study at any time without penalty, prejudice or loss of benefits.

This project has been reviewed and approved by the UNT Committee for the Protection of Human Subjects (940-565-3940).

APPENDIX B
EMPLOYEE PERMISSION

July 6, 1999

Dear Child Care Center Employee:

My name is Carol Hagen, and as part of my doctoral studies, I will be collecting information from childgivers who work in programs for young children. Those who direct and work in children=s programs may have had some experiences with possible child abuse and neglect, which can be valuable in planning future training. The information I am collecting will be used to help improve of future training opportunities in this important topic for those of us who work with young children.

The project will involve about 10 to 15 minutes in the initial questionnaire, with a follow-up interview lasting approximately 30 minutes, which will take place at a time which is convenient to the participants. All programs contacted will receive a spiral bound copy of Caregivers of Young Children: Preventing and Responding to Child Maltreatment. In addition, teachers who fill out the questionnaire will be able to select from a rack of children=s books, and will receive a second book on completion of the interview, in appreciation of their help with the project.. Although some participants may feel discomfort while talking about child abuse and neglect, the knowledge of the benefits of the study on possible training provided in the future should compensate for this. Another benefit will be the books received by the centers and the individual participants. Participants may withdraw at anytime **without penalty, prejudice or loss of benefits**.

All information on the questionnaire will remain confidential, and will be coded by number only. At the end of the research project, the codes will be destroyed. You will receive a second copy of this form for your records and for future referral.

Every attempt will be made to carry out this project at a time which is convenient for your center (I would suggest during nap time). If you have questions and would like to contact me at any time, I can be reached at 940-484-6422 (my home) or 940-565-2555 (my work). Please leave your number if I am not immediately available, and I will call you back. Thank you for reading this letter.

I, _____, agree to participate
(employee=s name)

in this research study which will be conducted at _____
(program name)

with all stipulations contained in the letter above to be maintained. I agree that any information obtained from this research may be used for publication or education. As stated, I may choose to withdraw from participation in this study at any time without penalty, prejudice or loss of benefits.

This project has been reviewed and approved by the UNT Committee for the Protection of Human Subjects (940-565-3940).

APPENDIX C
SURVEY QUESTIONNAIRE

Child Abuse and Neglect Child Care Survey

The term “child abuse” as used here means physical abuse, sexual abuse, emotional abuse, or neglect of a child. The term “neglect” means leaving or placing a child at risk of possible mental or physical harm. Please use an X to show which of the responses is most accurate. If your answer is “no response”, “not relevant”, or “don’t know”, place an X next to NR/DK.

1. Have you had any specific training related to child abuse and neglect?

1. Yes _____ 2. No _____ 9. NR/DK _____

2. Are you very familiar, somewhat familiar or unfamiliar with the Texas state definition of child abuse and neglect and mandatory report laws?

1. familiar _____ 2. somewhat familiar _____ 3. unfamiliar _____
9. NR/DK _____

3. Are you very able, somewhat able, or not able to identify abuse and neglect at any of the following ages?

	Very able 1	Somewhat able 2	Not able 3	NR/DK 9
Infants (birth to 1 yr.)				
Toddlers (1 to 3 yrs.)				
Pre-schoolers (3 to 6 yrs.)				
School-aged (6 through 12 yrs.)				

4. Do you strongly agree, somewhat agree, or not agree with the following

statements?

	Strongly Agree 1	Somewhat Agree 2	Do Not Agree 3	NR/DK 9
The developmental characteristics of a child helps in identifying abuse and neglect.				
I could tell the difference between physical abuse and unintentional injuries.				
I could identify sexual abuse by children=s actions or words				
I could identify emotional abuse or neglect				
I could identify physical neglect.				

5. Please circle Yes or No, to indicate whether any of the following have been useful to you for information about child abuse and neglect.

- | | | |
|--|-----|----|
| A. Training conferences or workshops | Yes | No |
| B. Employer training or program handbook | Yes | No |
| C. Books or magazines | Yes | No |
| D. A course or class | Yes | No |
| E. Talking with others | Yes | No |
| F. Television programs | Yes | No |
| G. Booklets or brochures from | Yes | No |
| agencies related to young children | | |
| H. Other sources? (Name) _____ | | |

6. Please circle Yes or No to indicate whether the training you have received covered any of the following topics.

- | | | |
|--|-----|----|
| A. How to educate children about child abuse | Yes | No |
|--|-----|----|

and neglect

- | | | |
|--|-----|----|
| B. How to report child abuse or neglect | Yes | No |
| C. How to work with abused or neglected children | Yes | No |
| D. Other_____ | | |

7. Has your training included any information about practices in different cultures that might be considered possible child abuse or neglect?

1. Yes_____ 2. No_____ 9. NR/DK_____

9. Do you feel you are adequately trained to identify and report child abuse or neglect?

1. Definitely_____ 2. Somewhat_____ 3. Not at all_____

9. NR/DK_____

Please answer the following questions to provide an overall profile or picture of those participating in this study.

10. Which of the following best describes your position of employment?

1. Teacher_____ 2. Assistant teacher_____

3. Director_____ 4. Assistant director_____
5. Support staff_____ 6. Substitute teacher_____
7. Other_____ 9.NR/DK_____

11. Please mark the item that describes the highest degree you have earned.

1. High school diploma/GED_____ 2. Associate degree/equivalent_____
3. Bachelors degree_____ 4. Advanced degree_____
5. Currently attending college_____

12. If your degree is above a high school diploma, please list your major field of study.

13. Please mark the item that best describes your ethnic/cultural background.

1. African American_____ 2. White/Anglo_____ 3. Hispanic/Mexican_____
4. Asian American_____ 5. Native American Indian_____ 6. Bi-racial_____
7. Other_____

14. Please mark the age-group that includes your present age.

1. 18-25_____ 2. 26-35_____ 3. 36-45_____ 4. 46-60_____
5. 61-70_____ 6. 71 and over_____ 9. NR/DK_____

You have completed the final question on this survey. Thank you very much for participating in the first part of the child abuse and neglect training survey. In appreciation for your participation, please choose a book from the selection provided.

PHASE 2

If you would be willing to participate further in this study, please read and complete the blanks below. This information can be collected now, or if that is not possible, in a follow-up visit at your convenience. You will again receive the gift of a book in appreciation of your participation.

The second phase of the study will be an interview session of about 30 minutes. Short descriptions of actions that may indicate child abuse and neglect will be presented, and you will be asked to give your opinions and feelings.

I am willing to participate in the second phase of this study. The most convenient time for me would be (select 1, 2 or 3):

1. NOW: _____
2. DATE: _____
TIME: _____
LOCATION: _____
3. Or, please call me at the following number to arrange a convenient time:

PHONE: _____ GOOD TIMES TO CALL: _____

Signature Date

I am unwilling to participate further in this study _____
Signature

APPENDIX D
INTERVIEW VIGNETTES

in her pocket or cubby. Although her brother in the younger classroom seems healthy and well cared for, this child is dirty and poorly dressed and doesn't look healthy.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

3. A four-year-old has several injuries on both arms that look like they might be small round burns. When you ask the child what happened, he puts his head down and refuses to look at you or answer.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

4. A five-year-old does not want to use the rest room, and tries to wait until she goes home. She seems very anxious and begins to cry and tremble if you suggest she should try.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

5. A six-month-old baby has a large bruise on his cheek and cries in pain when you move his legs to change his diaper. The father says an older sibling hurt the baby, and the mother says she isn't sure how it happened.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

6. A three-year-old stays on his knees during story time, and does not want to sit on a chair at lunch time. He says sitting makes his bottom hurt.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

7. Two four-year-olds pull their pants down in a far corner of the playground. As you walk their way, they pull them up again.

1.NOYES 2. PA 3. PN 4. SA 5. EA/N

8. You have requested a conference with parents of a four-year-old who seems anxious and depressed, and is unable to talk and play with other children. The parents say their child is shy and they don't have time to talk with you about this

1. NOYES 2. PA 3. PN 4. SA 5. EA/N

9. Although obviously tired, a three-month-old baby almost always cries very hard before falling asleep. The mother says the baby has always done this, and holding and rocking don't help. She tells you it is okay to let her baby cry a little.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

10. A child next door in the toddler room who is not in your care comes to your program almost weekly with new bruises or serious injuries, including a broken leg last month, and a black eye and other bruises today. The child's caregiver is a

friend of the parents, and says she was told the child is very clumsy and falls a lot.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

11. A family who has newly arrived in the country is bringing two children to your program. The parents frequently yell at the children and sometimes slap them as they are leaving the center.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

12. Have you ever reported suspected child abuse or neglect? (Ask for details.)

13. How did you come to your decision to report or not report?

14. Have you ever suspected and not reported child abuse or neglect? (Ask for details.)

15. How did you come to your decision not to report?

16. What other experience with child abuse or neglect would you be willing to share?
(Ask for details).

While child abuse and neglect can be a difficult subject to talk about, you have helped to provide information that can be used to plan better training for caregivers who work with young children. Your help is sincerely appreciated. Please select another of the children's books provided to show appreciation for your help. Thank you.

APPENDIX E
VIGNETTE TABLES

Table 21 A three-year-old in your room has frequent injuries. Today the weather is very hot, and he arrives wearing a long-sleeved shirt and long pants. His face is puffy, and he does not want to move his arm. His mother tells you he fell while playing outside and is ‘faking it’.

Response	Administrator	Teacher/Support
Yes	4	3
Physical abuse	4	4
Physical neglect	1	
Sexual abuse		
Emotional abuse/neglect		
No	1	2
Factors		
Frequency	2	1
Severity	3	1
Child age/development	1	
Child behavior	1	1
Parent behavior	3	3
Training		
Work experience		
Personal experience		

Table 22 A five-year-old eats hungrily at meal times but also hoards extra food, hiding it in her pocket or cubby. Although her brother in the younger classroom seems healthy and well cared for, this child is dirty and poorly dressed and doesn't look healthy.

Response	Administrator	Teacher/Support
Yes	2	0
Physical abuse		
Physical neglect	1	
Sexual abuse		
Emotional abuse/neglect	1	
No	3	5
Factors		
Frequency	2	
Severity		
Child age/development		2
Child behavior	1	1
Parent behavior	1	1
Training	1	
Work experience	1	
Personal experience		

Table 23 A four-year-old has several injuries on both arms that look as though they might be small round burns. When you ask the child what happened, he puts his head down and refuses to look at you or answer.

Response	Administrator	Teacher/Support
Yes	4	4
Physical abuse	3	4
Physical neglect	1	
Sexual abuse		
Emotional abuse/neglect	1	2
No	1	1
Factors		
Frequency		
Severity	4	2
Child age/development		2
Child behavior	1	2
Parent behavior		1
Training	1	
Work experience		1
Personal experience		

Table 24 A five-year-old does not want to use the rest room, and tries to wait until she goes home. She seems very anxious and begins to cry and tremble if you suggest she should try.

Response	Administrator	Teacher/Support
Yes	0	0
Physical abuse		
Physical neglect		
Sexual abuse		
Emotional abuse/neglect		
No	5	5
Factors		
Frequency	1	1
Severity		
Child age/development	2	4
Child behavior	1	
Parent behavior	3	2
Training		
Work experience		1
Personal experience		

Table 25 A six-month-old baby has a large bruise on his cheek and cries in pain when you move his legs to change his diaper. The father says an older sibling hurt the baby, and the mother says she isn't sure how it happened.

Response	Administrator	Teacher/Support
Yes	4	3
Physical abuse	4	
Physical neglect	2	
Sexual abuse	2	
Emotional abuse/neglect		
No	1	2
Factors		
Frequency		
Severity	1	1
Child age/development	4	3
Child behavior		
Parent behavior	5	2
Training		
Work experience		1
Personal experience		

Table 26 A three-year-old stays on his knees during story time, and does not want to sit on a chair at lunch time. He says sitting makes his bottom hurt.

Response	Administrator	Teacher/Support
Yes	2	0
Physical abuse	1	
Physical neglect		
Sexual abuse	2	
Emotional abuse/neglect		
No	3	5
Factors		
Frequency		
Severity		
Child age/development	2	2
Child behavior	1	2
Parent behavior		
Training		
Work experience	1	
Personal experience		

Table 27 Two four-year-olds pull their pants down in a far corner of the playground. As you walk their way they pull them up again.

Response	Administrator	Teacher/Support
Yes	0	0
Physical abuse		
Physical neglect		
Sexual abuse		
Emotional abuse/neglect		
No	5	5
Factors		
Frequency		
Severity		
Child age/development	5	3
Child behavior		2
Parent behavior	3	1
Training		
Work experience		
Personal experience		

Table 28 You have requested a conference with parents of a four-year-old who seems anxious and depressed, and is unable to talk and play with other children. The parents say their child is shy and they don't have time to talk with you about this.

Response	Administrator	Teacher/Support
Yes	4	1
Physical abuse		
Physical neglect		
Sexual abuse		
Emotional abuse/neglect	4	
No	1	4
Factors		
Frequency		
Severity		
Child age/development		
Child behavior		
Parent behavior	5	0
Training		
Work experience	1	
Personal experience		

Table 29 Although obviously tired, a three-month-old baby almost always cries very hard before falling asleep. The mother says the baby has always done this, and holding and rocking don't help. She tells you it is okay to let her baby cry a little.

Response	Administrator	Teacher/Support
Yes	0	0
Physical abuse		
Physical neglect		
Sexual abuse		
Emotional abuse/neglect	0	
No	5	5
Factors		
Frequency		
Severity		
Child age/development	1	2
Child behavior		
Parent behavior	1	1
Training		
Work experience	1	2
Personal experience		3

Table 30 A child next door in the toddler room who is not in your care comes to your program almost weekly with new bruises or serious injuries, including a broken leg last month, and a black eye and other bruises today. The child's caregiver is a friend of the parents, and says she was told the child is very clumsy and falls a lot.

Response	Administrator	Teacher/Support
Yes	5	3
Physical abuse	5	1
Physical neglect		
Sexual abuse		
Emotional abuse/neglect		
No	0	2
Factors		
Frequency	4	3
Severity	3	3
Child age/development	1	
Child behavior		
Parent behavior		
Training		
Work experience		
Personal experience		

Table 31 A family who has newly arrived in the country is bringing two children to your program. The parents frequently yell at the children and sometimes slap them as they are leaving the center.

Response	Administrator	Teacher/Support
Yes	3	3
Physical abuse		
Physical neglect	3	3
Sexual abuse		
Emotional abuse/neglect	3	2
No	2	2
Factors		
Frequency	4	3
Severity	3	3
Child age/development	1	
Child behavior		
Parent behavior	5	3
Training		
Work experience		
Personal experience		1

APPENDIX F

APPLICATION FOR APPROVAL OF INVESTIGATION
INVOLVING THE USE OF HUMAN SUBJECTS

ATTACHMENT

9. Potential subjects will be child care employees at twenty five child care centers in Denton County, Texas. Approximately 50 subjects are expected to participate. The only criteria for inclusion as a subject will be current employment at a child care center agreeing to participate in the study, and a willingness to sign the informed consent form and fill out the survey questionnaires.

10. The initial survey questionnaire will investigate the training received by child caregivers and their understanding of signs of child abuse and neglect reporting. A follow-up interview will be conducted with approximately twelve participants who agree to discuss attitudes and experiences relating to the reporting of child abuse and neglect. The researcher will look for patterns of factors related to decision making which are used by child caregivers when evaluating possible child abuse and neglect.

Data collection will consist of the use of two instruments. The initial survey (Child Abuse and Neglect Child Care Survey) will collect data concerning training related to child abuse and neglect received by child care employees, and will use some of the categories established in the Child Abuse Training Information Survey (Jacobson, 1998).

The final question on the survey will ask subjects for their willingness to participate in more depth during the second phase of the study, which deals with attitudes and experiences related to the reporting of child abuse and neglect.

Participants will indicate willingness to participate in the interview phase of the project by completing the final page of the survey, which is a second consent form. Interviews will be scheduled with no more than 50% of the child caregivers at any one center who completed the Child Abuse and Neglect Child Care Survey. Interviews will investigate

the attitudes participants hold toward reporting suspected child abuse and neglect, the decision making factors used, and personal experiences with child abuse and neglect.

11. An introductory letter will be sent to directors of the selected child care centers. The researcher will telephone directors of child care centers and ask for an appointment to discuss the survey. During these visits, the purpose of the research will be explained and copies of the consent form will be available. When director approval has been obtained, a time convenient for the center will be scheduled (possibly during children's nap time) to distribute consent forms and surveys to those child care employees wishing to participate. Each potential participant must sign a consent form, and will be told 1)., all information collected is confidential, 2)., all data will be coded by number, and 3)., all data will be combined and none will be presented by center name.

Participants who sign the consent form will be given the following information by the researcher:

“This survey is being used to help us find out what training in child abuse and neglect is available to child caregivers and whether you feel it is adequate and useful for effective reporting of suspected child abuse and neglect. The study is also interested in how you make decisions about whether or not to report actions which may be suspected child abuse or neglect. This information should help to provide more useful and more effective training on this topic in the future. The questionnaire asks you to choose and mark answers related to your training in the signs and the reporting of child abuse and neglect, and to provide some basic demographic information (years employed, education, etc.) Your participation in this project is

entirely voluntary, and not participating will not affect you or your position in this center in any way. You are asked not to put your name on your questionnaire, so that all information remains confidential. The survey should take about ten to fifteen minutes to complete, and all responses will be summarized and kept confidential. Your responses to the survey questions will add to the valuable information being collected, and will help provide better training for all of us who work with young children.”

12. Completed survey forms will be coded as to center and participant, and no names of subjects or centers will be used. The researcher will monitor the collection of the surveys, which will be removed from the center immediately upon their completion. As surveys are collected, each participant will be thanked and will receive a children’s book as compensation for time spent.

13. Subjects will benefit by knowing they have had a part in the collection of information intended to improve the training provided to those in the child care field. Improved training will help child caregivers to be more effective advocates for the young children in their care, by accurately reporting signs of suspected child abuse and neglect. Subjects will also receive a children’s book, which they may use with the children in their care.

14. Subjects may feel some anxiety about disclosing information related to child abuse and neglect, particularly relating to their own attitudes and experiences. Subjects will be told verbally and in writing not to place their names on the forms. They will be assured that all information will be kept confidential, and that completed survey forms will not be out of the possession of the researcher. A sealed box with only a slot for completed

surveys will be used at the child care center and kept in sight of the researcher at all times.

Potential participants who do not wish to participate may feel some internal or social pressure to do so. The researcher will assure everyone that participation is an entirely voluntary and optional choice. This will also be stated on copies of the written informed consent and the survey.

Some subjects in this study may feel discomfort with the subject of child abuse and neglect. Knowing they are participating in research supporting efforts to improve reporting of signs of child abuse and neglect, thereby improving the safety and well-being of young children in child care, should more than compensate for any possible feelings of discomfort by the participants.

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DECISION MAKING FACTORS IN CHILD CAREGIVER REPORTING
OF CHILD ABUSE AND NEGLECT

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CHAPTER I

INTRODUCTION

Each weekday morning approximately thirteen million children are dropped off at child care centers across the United States. For some of the children, the hours since leaving the child care center have not been kind. While significant numbers may be the victims of accidental injuries, a fall off a tricycle, a slip in the bath tub, fingers pinched in the kitchen door, or even more serious accidents, many others have been intentionally abused or neglected, most often by family members charged by society with the task of attending to their welfare and keeping them safe (Goldman, 1995). Home and family may bring images of nurturing care and a safe haven to many minds, but data indicate another side to the story. Child care programs are substantially safer for young children than their homes, and in fact may provide a respite from ongoing maltreatment (Margolin, 1991; Finkelhor & Williams, 1990).

Though written and forensic evidence documents child maltreatment throughout history (De Mause, 1974, 1998), the concept of child abuse and neglect as a punishable crime is relatively new. Only in 1974 did the Congress of the United States pass the Child Abuse Prevention and Treatment Act or CAPTA (Public Law 93-247, 1974) providing a definition of child maltreatment and actions to be taken by states when it occurs. Federal law defines child abuse as "the physical and mental injury, sexual abuse, neglected treatment or maltreatment of a child under the age of 18 by a person who is

responsible for a child=s welfare under circumstances which indicate the child=s health and welfare is harmed and threatened thereby@, as determined in accordance with regulations prescribed by the Secretary of Health, Education, and Welfare.

The minimum standards regarding child abuse and neglect set by the federal government in 1974, and revised in 1986 to include child sexual abuse, are mandated for states and also tied to the receiving of federal funds. All fifty states also have specific definitions of child abuse and neglect, and the policies and procedures to be used in the reporting, investigating, and validation of alleged child maltreatment. The wide differences in defining and substantiating child abuse and neglect in each state complicate efforts to compare and assess what is happening across states and on a broader national level. Questions arise as to whether the frequency and severity of abuse and neglect cases are actually increasing or whether in fact reporting, investigation and substantiation have improved. A study by Petit and Curtis (1997) indicates that many additional cases remain undetected or unreported to authorities. Whatever the statistical evidence, daily reports in both local and national media provide citizens with graphic evidence of the many occurrences of children abused or neglected to the point of severe injury or death.

Along with a general sense of alarm throughout American society regarding the growth of the problem of child abuse and neglect, a counter effect, or "backlash@, is also present (Myers, 1994). Organizations, legislators, and individuals have protested what they see as intrusions into family matters, false allegations, overzealous caseworkers, and a focus on punishment rather than prevention. Myers provides insights into the causes of the phenomenon, examples of individuals and groups involved, and their varied reasons

for doubting the appropriateness of governmental sanctions on matters of family life, whether through agency involvement and intervention or court action.

In October 1997, the Texas legislature voiced an awareness of the seriousness of child abuse and neglect, passing House Bill 1914 and amending Chapter 74 of the Human Resources Code to provide funding for early-parenting skills programs in at least three different geographic (understood to mean demographic or diverse) areas of the state. This position comes down strongly on the side of the prevention of child abuse and neglect through educating parents. In accordance with the bill, and under the auspices of the Children's Trust Fund of Texas Council, Jacobson, Ruggiere, and Glass at the University of North Texas (1998) prepared a report on the training provided to child contact professionals in the state as well as information on those providing the training. While a high proportion of caregivers reported being trained in the topic of child abuse and neglect (93.3 percent), only 54 % believed their training helped them to be able to detect abuse and neglect in pre-school children and a mere 18% believed they would be able to tell if pre-verbal infants and toddlers had been abused or neglected. The under-reporting of abuse to pre-verbal children may be indicated; even pre-school children, though verbally capable, are often unwilling to tell others about parental abuse.

Statement of the Problem

Often the closest person to the young child outside the family unit, the caregiver can be vital to timely reporting and resultant action. This study was designed to investigate the decision making factors used by child caregivers in reporting suspected child abuse and neglect. How do training, attitudes, beliefs, and experiences of child

caregivers (whether designated director, teacher, assistant, caregiver or some other term)

impact decision making and influence the recognition and reporting of suspected child abuse and neglect?

Training in the many aspects of maltreatment, though generally limited for many child caregivers, can provide those who work with young children with valuable information supportive of federal and state mandates to report suspected child abuse and neglect (Jaconbson and others, 1998). Currently, Texas state regulations do not contain specific requirements as to the number of hours of training in child abuse and neglect caregivers must have, nor in the content of the training, other than an orientation in signs of abuse upon being hired (Texas Department of Protective and Regulatory Services, 1995).

Despite a legal requirement to report, the actual decision made by caregivers and others mandated to report suspected abuse can be difficult. Along with physical evidence of possible abuse and observations of children and their families, caregivers may use other factors to make reporting decisions. This "immediate picture" may be colored by a caregiver=s prior training, and a personal definition of what comprises "substantial injury". Actual reporting of suspected child abuse or neglect may also owe much to a caregiver=s individual attitudes and beliefs as well as previous life experiences. Personal experiences related to child maltreatment, whether as a victim, family member, friend or neighbor, might impact attitudes, beliefs and actions and have an effect of either under- or over-reporting suspected child abuse and neglect. Cultural or ethnic variability in what is

seen as abusive or neglectful behavior (Stevenson and others, 1992) can also impact reporting.

Research Questions

This study investigates two questions about the decision to report or not to report child abuse and neglect:

1. What immediate situational factors, including child behaviors, parent and adult behaviors, or severity and frequency of possible child abuse, are considered in child caregivers' decisions in the recognition and reporting of suspected child abuse and neglect?
2. What other factors, including personal experience, attitudes, knowledge or training, and other environmental issues are weighed in making decisions to report or not to report?

Both qualitative and quantitative data were collected and analyzed. Since this study is exploratory in nature, no prior hypotheses were made. A major feature of the data collection is a series of vignettes used in the interviews. Respondents were asked to determine whether they would or would not report the depicted incidents as suspected child abuse and neglect, and to discuss the reasoning for their decisions.

Definition of Terms

For the purposes of this study, the following definitions of terms will be used.

The first four definitions have been adapted from the state legal code (Texas Family Code, section 261.001.) by the Office of the Attorney General, and are published for use in mandated orientation and training sessions provided to child caregivers, including those taking part in this study.

Child abuse: physical injury that results in substantial harm to the child.

Emotional abuse: emotional injury to a child that results in an observable and material impairment in the child=s growth, development, or psychological functioning.

Sexual abuse: sexual conduct harmful to a child=s mental, emotional, or physical welfare.

Neglect: leaving of a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child.

The following operational definitions were established by the investigator for purposes of the study, after a review of the child maltreatment literature.

Suspected abuse and neglect: inclusive of any type of physical or emotional injury or neglect caused by willful actions or in-actions that result in substantial harm to a child.

Possible abuse and neglect: inclusive of any type of physical or emotional injury or neglect that is being considered as the possible result of willful actions or in-actions causing substantial harm to a child.

Abuse: a general term, which includes any willful actions and in-actions that result in substantial harm to a child.

Educational neglect: allowance of chronic truancy, failure to enroll a child of mandatory age, and failure to attend to special educational needs.

Medical neglect: delay in seeking health care, refusal to follow medical advice to the detriment of the child.

Emotional neglect: inattention to a child=s emotional needs, refusal to provide needed psychological care, or spousal abuse occurring in the child=s presence.

CPS: a state agency (in most states, including Texas, called Child Protective Services) whose caseworkers investigate reports made by any citizen regarding the suspected abuse and/or neglect of a child.

Substantiated: a finding made by CPS or another investigating body when an investigation of reported child abuse or neglect indicates that credible evidence exists of child maltreatment.

Unsubstantiated: a finding made by CPS or another investigating body, which indicates there is insufficient evidence to take action on a reported case of child abuse and neglect.

Mandated report: the reporting to police or a child protective agency of a suspected case of child abuse or neglect as required by state or federal law.

Abuser: a person who has willfully, through action or in-action, caused physical, emotional, or psychological injury or harm to a child, or who has sexual contact with a child, with the alleged action substantiated.

Shaken baby syndrome: injury to a child=s head, which may not be evident externally but is apparent through medical tests and x-rays, caused by violent shaking.

Battered child syndrome: multiple injuries to a child=s body, which may be in various states of healing, caused by physical abuse.

Adult or parental characteristics: those behaviors, actions, verbal statements, attitudes or other indications of feelings which can be observed by others and used as factors in making decisions about possible child abuse and neglect.

Child characteristics: those behaviors, actions, verbal statements, attitudes or other indications of feelings which can be observed by others and used as factors in making decisions about possible child abuse and neglect.

Situational factors: observable phenomena and prior knowledge used by caregivers to make decisions related to the recognition and reporting of suspected child abuse and neglect. Factors include but are not limited to child appearance, verbalizations and behaviors, parent and adult verbalizations, behaviors and responses to caregiver concerns, the severity and frequency of injury or neglect and training received in the recognition and reporting of suspected child abuse and neglect.

Limitations of the Study

The sample of caregivers used in this study is limited to one county with small to mid-sized cities in north central Texas. Child care centers chosen to participate were selected to provide a variety of enrollment sizes and settings. Opportunity to participate was limited to those staff members who interact with children and families having at least one child between the ages of six weeks and six years. Caregivers who participated were all those who agreed to participate and were present at times set by directors. During the

second interview phase of the study, interviews were limited to five teaching and five

administrative staff with no more than one in each category from one center. The results of this study may not be generalized beyond the sample.

Importance of the study

The study provides information on how child caregivers decide to report child abuse and neglect. As child abuse is widely believed to be under-reported (Wilson 1996) and child caregivers are in contact with many possible victims, information from this study may point out strengths or weaknesses in the training of child caregivers. Possible changes in child care policy at the state level, as well as child care procedures related to reporting at the center level may also be indicated. In addition, further research may follow if salient factors are found.

CHAPTER II

REVIEW OF LITERATURE

While the concept of child abuse and neglect as a punishable crime is relatively new, the federal government and every state have laws that provide definitions and require mandated reporting of suspected abuse by those who work with young children. The wide differences in these regulations make it difficult to assess the severity of the problem nationally, but documentation by state does indicate its seriousness.

As the person most likely to form a relationship with a child outside the immediate family, the child caregiver can provide a critical early warning system of recognition and reporting of suspected child abuse and neglect. The purpose of this study was to provide insights into how these caregivers go about the difficult process of decision making which precedes making a report to authorities. The study was designed to collect data that answers two research questions:

1. What immediate situational factors, including child behaviors, parent and adult behaviors, or severity and frequency of possible child abuse, are considered in child caregivers' decisions in the recognition and reporting of suspected abuse and neglect, and

2. What other factors, including personal experience, attitudes, knowledge or training, and other environmental issues are weighed in making decisions to report or not to report?

Caregiver training, attitudes and experiences were examined through use of a survey instrument and interviews in a variety of childcare centers in the north Texas area.

The following review of the literature related to child abuse and neglect focused on a historical perspective of societal practices of the past, leading to more recent developments, including medical insights developed during the first two thirds of this century. Factors related to child abuse were examined. The development of legal definitions and the difficulty of defining child maltreatment were also addressed. A more recent perspective examines cultural diversity and addresses a Backlash of individuals and organizations critical of legislative and agency actions related to child abuse. Finally, child caregiver responsibilities, including mandated training and reporting were reviewed and related legal aspects addressed.

A Historical View of Child Abuse and Neglect

Throughout history and within every culture, child rearing practices are established by societies which are deemed to be appropriate for the raising of young children (Osborne, 1980). Along with nurturing and protective behaviors, infanticide, child sacrifice, abandonment, forced labor, mutilation, and other horrific acts have rained down upon children; newspapers and other media report that such practices are present today in every country in the world including the United States.

In 1997, over three million children were reported to child protective service agencies in the United States as victims of suspected child abuse and neglect. Child abuse reporting levels increased by 41% between 1988 and 1997. The rate of child abuse fatalities increased 34% since 1985. Over three fourths of the children who died of abuse and neglect between 1995 and 1997 were under the age of five, and one third were less than one year old (National Committee To Prevent Child Abuse, April 1998).

Any discussion of the maltreatment of young children raises the question of whether this phenomenon is not in fact a relatively new one. Little documentation of the maltreatment of children is presented in history books through the college level, and generally, the public assumes this is a recent aberration. Primary sources such as cultural myths and stories (including the bible), journals, and autobiographies have long documented the treatment of children. deMause (1998) argues that the history of humanity is founded upon the abuse of children, and believes such actions are carried out as a way to solve emotional problems and relieve the guilt of adults (p. 216). He describes a series of child-rearing models (deMause 1988) that provide a time line of child maltreatment throughout history, with a steady but slow improvement of quality of life for young children.

The United States Constitution does not address issues of children, families, and personal relationships and delegated the power to establish such laws to individual states. Early state law focused on neglected and delinquent children and seldom differentiated between the two (Giovannoni and Becerra, 1979).

In earlier centuries, writers such as Locke and Rousseau enjoined societies to seek less violent ways of raising children. Victor Hugo's depiction of Cosette, Anderson's Little Match Girl and most of the novels of Charles Dickens raised awareness of child maltreatment. John Spargo's The Bitter Cry of The Children, written in 1906, provided data on the children of New York City and the general lack of care and provision of adequate nourishment. Spargo's study documented child labor, poverty levels, rates of illness and death, and was an emotional cry and early harbinger of those who sought to rouse American society to the plight of young children.

The seminal event in the history of intervention in child abuse and neglect in this country is the well-documented case of Mary Ellen Wilson, who in 1874 was removed from her abusive home. Henry Bergh, the founder of the American Society for the Prevention of Cruelty to Animals, was the instigator of the appeal, which led to the founding of the New York Society for the Prevention of Cruelty to Children and the beginning of the child protection movement (Fontana, 1996).

In most societies, children had been used as economic assets, often to the detriment of their own development and health. Young children worked the land, served as apprentices and were useful as well in early industrial activities, particularly mining and the cloth mills. Early nineteenth century England led the way in pioneering legislation to protect young children from these abuses (Kennedy, 1971). In the United States, between the end of the civil war and beginning of the twentieth century, the population more than doubled and adults needed the jobs held by children. At the same time, a newly organizing labor movement joined with child reform groups in attacking child labor practices in this country. President Theodore Roosevelt, in 1912, called for children to be considered as a natural resource that should be protected. The first federal

child labor law was passed in 1916. In 1900, 18% of children 10 to 15 years of age earned a wage; by 1930 this had dropped to 2%. While economic forces drove these changes, the benefits to the well being of young children was substantial (Osborne, 1980).

Technological advances in the early part of the twentieth century provided scientific evidence to add to child advocacy and economic developments. The invention of the roentgenograph (now known as the x-ray) allowed a look at the inner body and physical suffering of many young children. Only then was it possible to begin to formulate theories about the causes of internal injuries previously thought to be disease. This medical documentation provided startling yet incontrovertible evidence that assaults on young children were not merely a thing of the past. Dr. John Caffey's (1946) curiosity about unexplained x-ray findings brought him to the recognition that subdermal hematoma and bone fractures, often in various states of healing, were caused by trauma inflicted by adults. Silverman (1953) extended Caffey's work by pointing out the intentional nature of the injuries; slowly and with reluctance, the medical profession began to concur. Also physicians, Dr. C. H. Kempe and his colleagues (1962) built on Caffey's research and provided information documenting "another hidden pediatric problem", child sexual abuse. As program committee chair of the American Academy of Pediatrics, Kempe organized a 1962 conference entitled "The Battered-Child Syndrome" which led to grants for studies, surveys and publications, centers for the study of parenting practices and further national symposia. In scarcely more than a decade, the country had a set of minimum standards as well (CAPTA, 1974). Because the federal government mandated it and tied it to the receiving of federal funds, every state also had laws relating to child abuse and neglect.

As is the case with any movement, a counter-movement, or Abacklash@ exists consisting of a number of organizations, individuals and interests who disagree with the efforts of child protection systems (Myers, 1994). Several themes dominate criticism of child protection efforts; some have their roots in legitimate problems which need attention. Fears of an over-zealous child protection system, concerns about false allegations, accusations of cultural insensitivity, claims of Awitch-hunts@ and hysteria, advocacy of family rights (Marzouki, 1997), and even a belief in Abenign pedophilia@, have all been offered as evidence of attempts to lessen the seriousness society currently gives to child abuse and neglect.

The Struggle to Define Child Abuse

Anthropological approaches to the problem of child abuse and neglect provide another perspective on the problem. The maltreatment of children can also be seen not as a fixed and objective concept, but rather a set of standards agreed upon by particular cultures which guide the actions of adults in their determination of what is acceptable care and treatment of children (Garbarino, 1980, 1989, 1997). Korbin (1991) studied cross-cultural perspectives of child abuse, and indicated the difficulty of providing examples and definitions of abusive practices that would be acceptable universally. Her research and that of other anthropologists show the complexities inherent in studies of societies and their treatment of children, including the acceptance of practices in one culture which are seen as factors of abuse in another.

A family history of violence, for example, is listed as a cause of child abuse in much of the literature, which focuses on the problem. A study in the People's Republic

of China (Korbin, 1981), however, indicated parents who had been abused by their families in an earlier generation when severe physical punishment was the norm, are not continuing the pattern of family abuse in which they grew up. This societal change in child rearing practices came about within a relatively short time, and indicates cultural changes (social, political, and economic) may be over-riding the pattern of family violence in which these older Chinese parents were raised.

Etiology of Child Abuse

Reasons for maltreatment of young children may be tied to factors far outside the family member inflicting violence on its young victims. Studies on the relationship between family poverty and other stressors indicate that while abusive practices fall across cultures and class, higher rates of child maltreatment are likely to be present in lower socio-economic circumstances (Straus, 1980). Adler (1996, p. 474), reflecting on his past twenty years in the field of child psychiatry, reports that research must take a broad range of psychosocial factors into account as well as parental characteristics. Similarly, he continues, the prevention of maltreatment, if achievable, is likely to involve a mixture of social interventions designed to reduce the disadvantages associated with poverty, [which is] the more accurate identification of high-risk families....

Stress as a factor in child abuse was investigated and reported by Straus (1978), Straus, Gelles and Steinmetz (1980) and Straus and Gelles (1990). Parents who experienced little of the eighteen indications of stress listed on the instrument used had the lowest rate of child abuse. Rate of child abuse increased as stressors increased, especially for men. Results suggested that fathers who were physically punished as children, parents who believe that physical punishment is appropriate, and education combined with low income and occupation, but not education alone, were factors in the abuse of children.

In present day American society, increasing numbers of young children are likely to be raised in families that may not yet be assimilated into what is often called the mainstream culture. Caregivers themselves may identify with a variety of cultural practices, and find it confusing to distinguish personal beliefs from what constitutes legal and allowable parental behavior toward children, including physical punishment. Judging whether a particular action results in physical, emotional, social, educational or other harm or deprivation to a child (and even what constitutes childhood) has often been cause for disagreement across cultures and times and between individuals and societies.

Deviance in child-rearing practices may lie in the eye of the beholder, and Korbin (1981) suggests three levels of cultural consideration when identifying cross-cultural child abuse and neglect. The first level contains those practices approved in one culture that are seen as abusive in another (harsh initiation rites, forcing young children to sleep in rooms away from the rest of the family). Second level practices are those which deviate from the norm within a particular culture that may sometimes be seen as beneficial to the child by those outside the culture. Detrimental practices caused by societal or environmental conditions (inadequate health care, homelessness, etc.) make up the third level of practices described by Korbin. Using a cross-cultural approach (Korbin, 1981) suggests enhancing abilities to distinguish idiosyncratic child abuse and neglect from cultural differences in child-rearing practices and from societal conditions that are detrimental to children and families.

Studies across culture also allow investigators to look for patterns of behavior which are common when the same economic or environmental factors are present (for example, in cramped living spaces children are more likely to be severely punished for fighting with each other) (Minturn & Lambert, 1964). Such severe punishment may, in

fact, reach the state of child abuse. In a comparison of five studies on spanking practices, Whipple and colleagues (1997) noted the differing definitions and overlap of terms such as physical discipline, corporal punishment and physical child abuse, indicating the lack of agreement in definition among researchers and other professionals.

Legal Definitions of Child Abuse

In essence, there was no definition of child abuse nor any specific laws related to it until the 1962 multi-disciplinary conference on child abuse chaired by Kempe. From this conference came the model for child abuse law, which was adapted by every state within five years. The Child Abuse Prevention and Treatment Act (CAPTA), a federal law amended and re-authorized last in October 1996, defines child abuse as Any recent act or failure to act:

- § Resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation
- § Of a child (a person under the age of 18, unless the child protection law of the State in which the child resides specifies a younger age for cases not involving sexual abuse)
- § By a parent or caretaker (including any employee of a residential facility or any staff person providing out-of-home care) who is responsible for the child=s welfare.

CAPTA defines sexual abuse as:

Employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or any simulation of such conduct for the purpose producing any visual depiction of

such conduct; or

Rape, and in cases of caretaker or inter-familial relationships statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.

CAPTA classifies child maltreatment into four categories consisting of physical abuse, child neglect, sexual abuse, and emotional abuse, with a further differentiation of actions included in each, indicating that emotional abuse is almost always present when other forms have been identified. Federal law also makes each state responsible for definitions within the civil and criminal context.

Problems of definition

By leaving specific definitions to each state, along with regulations on mandated reporting, substantiation, and forms of criminal punishment, there are in effect fifty and more (several states have county-based systems) different sets of criteria used to make decisions about whether child abuse or neglect has occurred. Texas law, for example, excludes physical punishment ^Athat does not result in injury,[@] with injury left undefined. Child Abuse and Neglect: A Look at the States (Petit and Curtis, 1997) provides a comprehensive collection of data from child welfare, but points out the difficulty under such circumstances of making comparisons.

While definitions of child abuse and neglect are usually comprised of four categories, some research uses as many as eight or nine, and may add categories such as intentional drugging to modify the behavior of a child, or abandonment or lack of supervision (Wilson, 1991).

Definitions of child abuse and neglect often express the bias of the definer, and may focus on either the actions (or in-actions) of the abuser or the results of such actions and in-actions on a child. Besharov (1981) argued that 1). the difference of focus on either outcome of the abuse or cause of the abuse, 2). different definitions of what constitutes such actions or causes, and 3). a general lack of clarity in the meaning of terms used to describe actions or causes, combine to make comparisons impossible and therefore hamper research.

A specific form of child abuse, neglect of young children, comprises about half of reported and substantiated cases (Lewit, 1994). Although much of the recent research focuses on the more active forms of child abuse, neglect may in fact be more harmful to the development of young children than physical actions to their persons. Seemingly less intentional, and often more difficult to observe and assess, child neglect is a better predictor of a number of negative outcomes, including the lag in intellectual and social competence, school adjustment and/or behavioral problems (Egeland and Erickson, 1987), as well as problems with language development (Allen & Oliver, 1982). The emotional detachment associated with neglect of young children is more likely than physically punitive actions to correlate to attachment difficulties and the development of relationships with others (Dean and others, 1986), including at some future point the children of those previously maltreated.

Statutory definitions of child abuse and neglect which are not in agreement may also have some advantages (Gough, 1996). They allow for a specific rather than global approach that may be more sensitive to local and cultural norms. When the meaning of terms remain somewhat vague, it may also make it possible for the general population to come to agreement as being against maltreatment. For example, legislation classifying

striking or spanking children as an aspect of physical abuse might cause many people to protest such a law. However, the lack of clarity in definition may also create problems for medical, educational, and child care personnel who have legal responsibilities for recording and reporting.

Recognizing and Reporting Child Abuse and Neglect

Statutes regarding child abuse and neglect are legislated by every state, and include definitions of terms, reporting procedures, and penalties that apply for failure to report. Making a decision about reporting suspected child maltreatment, however, is not as simple as passing out parking tickets to people who do or do not park in A No Parking@ zones. Many factors enter into a decision to report suspected child maltreatment, including previous training or lack of such, personal beliefs about what actions define maltreatment and life experiences. All may have an impact on the making of such decisions. In a survey of 332 professionals with diverse relationships and experience with young children, Portwood (1998) found personal experiences with child rearing and child maltreatment had a marginal effect on recognition of child maltreatment. Jacobson and others' (1998) study of professionals who had received child abuse and neglect training, reported that child care employees in particular still had great difficulty with recognizing and reporting incidents in their work place.

As a societal problem, child abuse and neglect may seem to be well documented, at least in those cases that are identified. Reiniger and others, however, reported in a 1995 study that professionals, including teachers, had limited knowledge of abuse indicators and even less about legal aspects of reporting, with an estimated 69% of cases of child maltreatment left unreported. While over half (57%) of maltreated children attended school, only 16.8% of the reports came from school personnel. Campbell (1995)

found that professionals had little knowledge or training on topics related to child sexual abuse.

Teachers in a study by Schwartz (1993) indicated a need for information related to the specifics of reporting child abuse and neglect, rather than simply to the recognition of it.

Tower (1992) provides just such information in an article entitled *A Legal Questions Teachers Ask* and is the author of the U.S. Department of Health and Human Services manual, *The Role of Educators in the Prevention and Treatment of Child Abuse and Neglect*. The manual includes sample forms which programs and schools can utilize for training purposes and in the design of forms which help with the when, where, who details of making a mandated report. Quick, Botkin and Quick (1999) help teachers understand what to do when a child discloses abuse, and list possible indicators of abuse and neglect, factors that protect against family violence, signs of abuse in children and suggestions for helping children after abuse has occurred. Ample citations of relevant research are included for each point made. Other materials designed for teachers and caregivers (Hale, 1997) include guidelines or information on facets of child abuse and neglect as part of a wider coverage of related topics (for example, safe and healthy child care). The Crisis Manual for Early Childhood Teachers (Miller 1996) lists resources, including some on the internet, which address racism, violence and substance abuse, as well as two chapters on child abuse and neglect.

A large number of studies focus on parental and/or familial characteristics as critical factors in the recognition of suspected child abuse - Jayaratne (1977), Garbarino & Sherman (1980), Crittenden, (1985, 1988, 1996). Tower (1992) provided an observational chart of parental behavior and indicators of abuse in a U.S. Department of

Health and Human Services publication for educators. Loss of control or fear of losing control, unusual negativity about the child, and a belief in and use of physical punishment, including spanking, are listed as parental behaviors which may be indicators of abuse. Sartin (1978) lists 44 specific child behaviors that are significantly correlated to abusive or non-abusive parents.

In a 1998 study of more than three hundred professionals and medical students involved in training in human sexuality, role and gender were found to influence beliefs about normal and abnormal childhood sexual behavior (Heiman and others, 1998). Since child sexual behaviors have long been considered possible indicators of sexual abuse by adults Heiman=s findings have relevance to recognition and reporting. Training which cannot compensate for role and gender in reporting of child sexual abuse has implications for an inability to recognize and report accurately, and may apply to child caregivers, generally less well trained, as well. The gender of the abuser, or perpetrator, also makes a difference in actions taken by child protection professionals after reporting has taken place, with intervention being more likely when perpetrators are male (Hetherington and Beardsall, 1988). Across professions, researchers find that practitioners have limited or deficient training related to identifying and reporting child maltreatment - Daro and Gelles (1992); Tite (1993); Jacobson and others (1998). Child caregivers are mandated to report, however, with a fine and/or jail term possible for failure to report.

As caregivers nurture and teach young children, as they feed and change, play and guide, support socially and cognitively, they are also charged by every state with evaluating and reporting actions which may harm a child's emotional and physical well-being outside the doors of the center the child attends. With little training and usually for limited pay, caregivers nonetheless have a moral and legal responsibility to make sure

that others who interact with the child, including family members, do so in a way that supports physical, emotional, social and cognitive development and growth. The most obvious

problem for caregivers, and all those who are mandated to report suspected child abuse and neglect, is making the decision that what has been observed is in fact reportable.

As in all other states, the Texas legal code mandates the reporting of suspected child maltreatment by child caregivers and others who provide services to young children. Failure to report may result in a charge of misdemeanor, with a possible \$1,000 fine and/or a jail sentence. Each state provides definitions or descriptions of the specific types of child maltreatment, who is to receive the report and whether it must be given in oral and/or written form. Reports are initially to be made to police or other government agencies and are investigated by case workers, most often in a unit called Child Protective Services. Each state collects data and issues an annual report on types and numbers of substantiated and unsubstantiated cases. In addition, in some states particular care is taken to examine cases in which very young children die.

Texas Statutes Related to Child Abuse and Neglect

The Texas Child Fatality Review Committee and its local committees review each unexpected child fatality (those not the result of a long-term illness). Fatalities are investigated by highly qualified review teams composed of professionals in legal, medical, forensic, educational, and other fields which focus on young children, and include a mandatory autopsy of all children under the age of six (Child Fatality Review Teams Report, 1996-97 Biennial).

According to the district attorney=s office in the county in which this study took place, no local or state records are kept which could indicate the numbers of those who failed to report as mandated. Any such case would be included in the total number of misdemeanor convictions. The same office reported that there had not been a conviction of a caregiver in this county Asince the law went into effect@ (personal communication, July 29, 1999).

Caregivers and others may have concerns about possible repercussions from the reporting of child maltreatment. The Texas legal code allows reporting in confidence and protects any person reporting in good faith, whether or not allegations are substantiated. The law also permits hearsay evidence.

In 1997, Texas legislators passed House Bill 1914, which provided for early-parenting skills programs. The bill further directed the Children=s Trust Fund of Texas Council to prepare a report on the extent to which training on topics related to child abuse and neglect is provided in the state, including the following information, as required by Section 2 of the bill:

1. The training currently available to professionals who provide services to, or have frequent contact with, children, including police officers, prosecutors, other law enforcement personnel, judges, social services workers, day care providers, educators, and health care providers, including mental health care providers;
2. The training available to the general public, including family members;
3. The training available on topics of child abuse and neglect, sexual victimization of children, missing children, parenting skills, and child witnesses;
4. Pre-service and in-service training (related to the previous topics); and
5. Joint training by professionals working in different fields.

As recipients of the grant to fund the implementation of this report, Jacobson and others at the University of North Texas Center for Parent Education and the Survey Research Center designed a survey instrument and collected data for a report on the extent to which training on child abuse and neglect is provided in this state.⁶ The survey used two instruments, the Child Abuse Training Information Survey which was administered to professionals providing services to young children and their families, and the Child Abuse Survey for Trainers used with those who provide child abuse and neglect training.

The report was submitted to the Governor in November 1998 and presents data on the child abuse and neglect training currently provided to professionals who come in contact with young children, their perceptions of the training, as well as characteristics of those doing the training and other facets of the training itself. Participants in the study included subjects from the major professional categories mandated by the bill who were recruited through their respective professional organizations. In general, subjects were highly trained in their individual fields, with many holding advanced degrees. Child care providers were included in the sample of contact professionals who were administered the Child Abuse Training Information Survey.

While a high frequency of caregivers reported being trained in the topic of child abuse and neglect (93.3%), only 54% believed their training helped them to be able to detect abuse and neglect in pre-school children, and a mere 18% believed they would be able to tell if pre-verbal infant and toddlers had been abused or neglected. If this difference in the ability to report suspected abuse and neglect subject to age represents a reliance on verbal reports made by children, under-reporting may be indicated. Pre-school children, even though verbally capable, are often unwilling to tell others about

parental abuse, since their pre-operational stage leads them to believe whatever happens is their fault or responsibility.

Jacobson's 1998 statewide study across child contact professions can be added to the findings of Campbell (1995) and Hibbard and others (1990) who have collected data on professionals who work with young children and their training and knowledge of child sexual abuse, and Reiniger and others' (1995) findings that mandated training improves the rate of reporting of suspected and substantiated child abuse. Pre-service teacher educators and counselors also improved their abilities in identification and reporting of child abuse and neglect after receiving training (Anderson 1993). If, as Jacobson and her colleagues indicate, almost all child care providers receive child abuse and neglect training (which is mandated in every state), the question arises as to why these practitioners feel inadequate in recognizing suspected child abuse. When so few feel capable of recognizing it, what must this say about the effect on reporting? When practitioners are trained in a topic, but unable to use it, what other factors may interact with training knowledge to cause difficulty in a decision to report?

A review of the literature indicates that while others are addressing similar questions to a variety of professionals in contact with young children, little data has been collected from child care employees, the caregivers who staff the nation's child care centers. The present investigation looks at how caregivers use knowledge of child and parental actions related to possible child abuse in combination with personal and other environmental factors to make reporting decisions, and should help in understanding gaps between the reporting of suspected child abuse and actual cases of child maltreatment.

CHAPTER III

METHODOLOGY

Abuse and neglect of young children is a centuries-old problem with relatively recent legal ramifications. Every state now has mandated reporting laws requiring those working with children to contact authorities when child maltreatment is suspected. Child caregivers who interact with young children on a daily basis provide a valuable front line for the protection of young children. In many cases, making decisions about what and when to report, often with very little previous training, can be difficult for them. A review of the literature on child abuse and neglect indicates that in spite of legal requirements to report, caregivers along with other professionals still have great difficulty deciding when to “pick up the phone and make the call.”

This chapter provides an explanation of the methods selected for research data collection and analysis for a study which focused on the factors used by child caregivers to make decisions regarding whether or not what they see is suspected child abuse and therefore reportable to authorities. An initial survey questionnaire asked for information regarding demographics, previous training, and the self-reported ability to recognize and report suspected child abuse and neglect. This was followed by individual interviews which provided opportunities to question caregivers about factors of decision making.

Sampling Procedures

An initial letter of request was sent to twenty-five childcare centers, which were purposely selected to provide a variety of settings and enrollments. Four of the programs were closed for the summer; several centers were in the process of changing directors or had directors on vacation, and one director was on maternity leave. Fourteen center directors indicated a willingness to participate. One hundred twenty three child caregivers filled out survey questionnaires; more than 70 % indicated a willingness to participate in the second phase interview process.

Telephone calls were made to the selected childcare centers asking for appointments to discuss the intent and nature of the survey, and to seek permission to distribute the questionnaire to caregivers. Visits were scheduled at times chosen by the directors (children's nap time was suggested). Directors who agreed to participate were responsible for distribution of the questionnaire to the volunteer sample.

Potential participants included all employees in each center who have direct contact with children ages birth through age six. Child care employees who agreed to participate were stratified by category of position (director, assistant director, teacher, staff support, substitute teacher, assistant teacher). After choosing to participate, each subject signed a human subjects form, and was told the nature and purpose of the interview. Subjects were told their answers would be coded by number only and were assured of complete confidentiality. They were told they had the right to refuse to answer any question, and to cease their participation at any time. A final question on the survey asked subjects to indicate whether they would be willing to participate further

at a later time through individual interviews. After completing the survey, all subjects were given a children's book in appreciation of time given to the project.

Data Collection Procedures

Data collection took place at the facility in which each child caregiver worked, generally after lunch and when children were napping, unless the director had requested a different time. The procedures followed for each of the data collections were consistent at all sites. The initial survey was dropped off and picked up the same or following day. The time frame of data collection was two weeks. Because of the rapid turnover of employment in the child care field and other time restraints, interviews were held at each center no later than one week from the date of survey completion.

Interviews were conducted in a private room with the door closed, unless participants chose otherwise. (In one case, a director stayed in her open office as her own baby joined her and crawled on the floor, so that she could take calls as needed.) Directors chose the empty room used for interviewing, which included classrooms, a lunchroom, and most often, the director's office, which she then left. All interviews were audiotaped and later transcribed and typed.

Instruments

Instruments were designed to answer the two research questions posed by the study:

1. What immediate situational factors, including child behaviors, parent and adult behaviors, or severity and frequency of possible child abuse, are

considered in child caregivers' decisions in the recognition and reporting of suspected child abuse and neglect, and,

2. What other factors, including personal experience, attitudes, knowledge or training, and other environmental issues are weighed in making decisions to report or not to report?

Two instruments were used to collect data for the study. The "Child Abuse and Neglect Child Care Survey", designed particularly for use with child caregivers, was based on the "Child Abuse Training Information Survey" developed by Jacobson, Glass and Ruggiere at the University of North Texas Center for Parent Education and the Survey Research Center(1998). Items were adapted to the education and responsibilities of those who work in child care centers. A focus on beliefs about personal ability related to the recognition and reporting of suspected child abuse and neglect was added . The second instrument, "Child Caregiver Interview on Child Abuse and Neglect: Training, Beliefs and Experiences," was used with the same sample and allowed participants to give details about training received, to express opinions and beliefs, and to share experiences relating to child abuse and neglect.

All participants in the study except one were female, as was the investigator. Subjects needed very little encouragement; all seemed to be comfortable discussing the topic of child abuse and neglect. After the close of the interviews, participants were provided opportunities to discuss further any questions they had about the survey, the interview, and any items about which they wanted more information. Each chose from a selection of children's books, offered in appreciation of their participation in the study.

Although more often used in quantitative studies or in providing qualitative results, simple vignettes were written for data collection in the qualitative interviews. In an Israeli study on maltreatment (Shor & Haj-Yahia, 1996), a quantitative cross-sectional survey research design used vignettes (for example, “parents ignore their 4-year-old daughter’s complaints about earaches”), and subjects’ responses to the vignettes were restricted to “yes”, “no” or “undecided”.

In the present study subjects were told “I am interested in how you make your decisions, not just yes or no answers”. Participants were asked to supply a three-part answer. First, participants made a yes/no decision (“would you pick up the phone or not pick up the phone”), second, if needed, a labeling of “yes” responses by type (physical abuse, physical neglect, sexual abuse, emotional abuse/neglect), and finally, an explanation of how this decision was made by the caregiver. Reflective listening techniques and probing questions were used to stimulate further detail in responses. In some cases, as participants discussed the decision making process and the factors used, they chose to change their original answers. In those cases, after an explanation was complete, the investigator asked the subject to confirm the decision that was made.

Eleven vignettes, or scenarios, provided in the interview were designed to cover the four previously described types of child maltreatment that are covered as part of caregiver training. Vignettes that used child-only situations as well as those that included information related to parents were fairly evenly divided. Four types of maltreatment, a range of severity and frequency of injury, and children ages three months to six years were described in the vignettes, along with situations that were non-abusive.

The first eleven questions on the interview form were scenarios, or ‘little stories’ on which child abuse and neglect reporting decisions were to be based. Each item was rated as reportable or not reportable. If items were rated reportable, four choices were available for description (child abuse, child neglect, sexual abuse, and emotional abuse or neglect). Participants could choose one or more than one category to describe a scenario (physical abuse and neglect, sexual and emotional abuse, etc.) Tables for each vignette provide an insight into how participants rated the scenarios, as well as themes developed from comments made by subjects.

Interview questions twelve through sixteen were open-ended questions, designed to allow subjects to provide personal experiences and insights into the difficulties of real-life recognition and reporting of child abuse and neglect. Questions twelve and thirteen asked for details and decision making related to the reporting of suspected child abuse or neglect. Questions fourteen and fifteen asked subjects to disclose information about failure to report as mandated. The final question allowed an opportunity to share information which had not already been specifically requested, but which subjects were willing to provide.

Questions were asked throughout the interview to encourage participants to reflect on their answers. Typical questions included: How did you make your decisions? Did you talk to anyone about what to do? Then what did you do? What would you do if your director didn’t agree? What made this incident reportable? So you would (or would not) pick up the phone and call it in? Had you seen/heard of this before? What helped you make this decision?

Procedure

Data collection took place in two parts:

1. An initial written survey to collect basic data related to caregiver training topics; knowledge of definitions, state law and mandated reporting, the ability to recognize and report, and demographics; and
2. A follow-up interview with subjects who were willing to discuss the impact of training on previous beliefs about child abuse and neglect, perceptions of characteristics and behaviors of abusive adults and their child victims, how decisions are made to report suspected abuse and neglect, and personal experiences related to child abuse and neglect.

Qualitative data was collected during interviews with ten subjects from the original sample to provide a deeper level of understanding of caregivers' attitudes toward child abuse and neglect and the reporting of suspected cases. Five administrative staff and five teachers participated in approximately 35 to 40 minute interviews held in a private setting. All interviews were scheduled at the convenience of subjects and were audiotaped. Vignettes were used to encourage responses, and non-threatening open-ended questions were used. Subjects were encouraged to share stories of their own which might relate to feelings, attitudes and beliefs regarding child abuse and neglect. The researcher asked specific questions designed to encourage participants to discuss personal attitudes and experiences related to child abuse and neglect. Follow-up questions were asked as needed to extend or clarify answers. Tapes were transcribed, and the researcher looked for themes in the participants' responses and answers to questions.

Data Analysis

The quantitative data collected was cross-tabulated using the SPSS program. Numbers and percentages were presented for each question. Breakdown of data by teacher and administrative job categories was also provided for some items.

Because of the complex nature of reporting on the decision making process and related factors, a qualitative approach was selected as the method of research for the phase two portion of the research. Glesne and Peshkin (1992) provided basic guidelines for understanding qualitative research, its values and valuable information on the nature and technique of interviewing. Their description of the process of using the qualitative approach, from a list of “prestudy tasks” through final writing of the story being told, is clear and precise, and the need for rapport with participants as well as the importance of retaining subjectivity throughout the interview process is stressed. Summarizing, using contact sheets, coding methods, and vignettes used as tools to present data (Miles & Huberman, 1994) are tools for “making sense” of the data collected.

Research that uses a qualitative approach was reviewed; notable models include Shirley Brice Heath's Ways with words (1983) and All things bright and beautiful? A sociological study of infants' classrooms (1978) by Ronald King. Both provide thick descriptions of the data collected and are presented in a “story” form, with frequent use of vignettes to provide the context of research information and give a sense of meaning and life to the data. Signithia Fordham’s 1988 study conducted in a District of Columbia high school, combined observations, survey questionnaires, and in-depth interviews. These

research techniques were combined to support the concept of “racelessness”, which she describes as a characteristic of Black students when they strive for academic success.

While a purposive sample of this small size cannot be generalized to a broader population, some conclusions can be made about recognition and reporting decisions made by child caregivers. None of the five teachers had ever reported suspected child abuse and neglect. However, three had discussed what they thought might be abuse with their director and indicated a report should be made. In not all cases did the director agree with the teacher and make a report. Only one teacher said she would report even if the director did not approve. Four directors of the five interviewed had made calls to Child Protective Services regarding suspected child abuse and neglect; one said she had “never needed to report”. Analysis of the data looked for repetition, patterns and themes over both types of data.

CHAPTER IV

DATA ANALYSIS

As growing numbers of young children are recognized as being victims of child abuse and neglect, legal bodies in every state mandate the reporting of suspicions of child maltreatment to authorities by those who provide services to children and their families. This study is designed to collect information on the decision making factors used by child caregivers as they perform their mandated duty to report suspected child abuse and neglect. Questions the study seeks to answer include:

1. What immediate situational factors, including child behaviors, parent and adult behaviors, or severity and frequency of possible child abuse, are considered in child caregivers' decisions in the recognition and reporting of suspected child abuse and neglect?
2. What other factors, including personal experience, attitudes, knowledge or training, and other environmental issues are weighed in making decisions to report or not to report?

Child caregivers have the mandated task of reporting to authorities any suspected cases of child abuse and neglect. This study used both quantitative and qualitative instruments to provide information on the training, beliefs and experiences of caregivers and to look for factors used in making decisions. Descriptions of both instruments as well as the resultant raw data follow, with analysis of each of the data sets.

Survey Results

Data from the survey questionnaire distributed to 123 child caregivers in fourteen child care centers fall within three categories. The first provides demographic information on participants, including education and position of employment. The second includes caregiver training and ability to report suspected child abuse and neglect. Finally, subjects' willingness to participate further in an interview is briefly discussed.

Demographic information

Child care facilities in north central Texas were used in the study. Seven centers were privately owned, four were church operated centers, two centers were funded primarily by the community, and one center was university based. Fifty-six of the subjects worked at privately owned centers, 34 at church based centers, seventeen were employed at community funded centers and sixteen worked at a university based program. The majority of the subjects, 81.0%, were of White/Anglo ethnic/cultural background; 13.2% were African American, and only 5.8% were Hispanic/Mexican. Almost half of the subjects were younger than twenty-five years of age; few (10.7%) were over 45. The participants' age distribution is indicated in Table 1.

Table 1 Age distribution of the subjects surveyed

Age group (n=121)	Percent
18 to 25 years	45.5
26 to 35 years	30.6
36 to 45 years	13.2
46 to 60 years	9.9
61 to 70 years	0.8

Participants indicated their employment status using the categories of teacher, assistant teacher, support staff, substitute staff, director or assistant director. Categories are based on the investigator's knowledge of common staffing terminology used locally in centers for young children, whether staff members are focused on young children's care, their education or both. The majority (80.2%) of the staff surveyed were teachers or assistant teachers, support staff, or substitute teachers. The remaining (19.8%) were administrative staff in managerial positions such as director or assistant director of the facility. Two subjects did not respond to this question. Table 2 indicates the professional status of the subjects.

Table 2 Professional status of the childcare staff surveyed

Status (n=121)	Percent
Teacher	56.3
Assistant Teacher	14.0
Director	10.7
Assistant Director	9.1
Support Staff	6.6
Substitute Teacher	3.3

Table 3 shows the highest educational degree attained by participants. About half (50.8%) of those surveyed held a high school diploma or GED certificate. Those who had more indicated they were attending college or had some college credits or training beyond high school, and several named local colleges they attended.

Table 3 Staff educational status

Staff category	Percent high school/ GED	Percent associate	Percent Bachelors	Percent advanced	Percent in college/ some college & training	Total
Teacher/ Support Staff	55.2 (n=53)	8.3 (n=8)	24.0 (n=23)	---	12.5 (n=12)	100.0 (n=96)
Administrative Staff	33.3 (n=8)	16.7 (n=4)	16.7 (n=4)	25.0 (n=6)	8.3 (n=2)	100.0 (n=24)

Subjects who indicated they held a higher degree or were currently attending an educational program were asked to name their area of specialization. Fifty-three of the subjects who participated listed an area of specialization in courses beyond the secondary school level.

Table 4 Areas of specialization

Areas of specialization (n=53)	Percent
Elementary Education with or without Early Childhood Endorsement	22.6
Child Development/Early Childhood/Family Studies	20.8
Counseling/Counselor Education/Sociology	7.5
Secondary Education	5.7
Biology/Science Education	3.8
RN/CAN/Nursing	3.8
Interdisciplinary Studies	3.8
Office Administration/Social Teaching/Business Administration	3.8
Home Economics/Vocational Education	3.8
Psychology/Psychology with Child Development	3.8
Religion and Art History with Teacher Certification	1.9
Communication Sciences and Disorders	1.9
Speech Pathology and Audiology	1.9
Social Work	1.9
Associates Degree in Science	1.9
History	1.9
Deaf Education	1.9
Social Science	1.9
Music	1.9
Archeology	1.9
Cosmetology	1.9

Discussion of demographics

The ratio of teaching staff to administrative staff participating in the study was 4:1 (Table 2). This may not reflect actual staff ratios in participating centers, since teaching staff may have been less willing or able than administrative staff to complete the survey form while children were under their supervision. At one center, the director, assistant director, and two teachers were selected by the director to participate, while other staff stayed with the children on the playground.

The basic level of education of those surveyed was a high school diploma or General Education Degree (Table 3), the minimum requirement set by the Texas Child

Care Licensing Code. Two-thirds of the twenty-four administrative staff who completed surveys had some training beyond high school; ten held a bachelor's degree or more. More than half of the teaching staff had no formal training beyond the state minimum. Nearly one fourth of the teachers had a bachelor's degree; one fourth of the directors reported having an advanced degree. Degrees and college training courses were scattered across a wide range of majors. Forty-five of the 53 who listed a specialization (Table 4) named fields which were at least minimally connected to furthering an understanding of young children and their families. The other eight specializations were not directly related to work with young children. Of those listing a specialization, 43.4% had taken or were taking education and child development courses. Two universities in close proximity to the area where the study took place offer various programs in early childhood development, making it convenient to take such classes. Education levels may reflect the fact that some area child care centers recruit heavily on both campuses.

Nearly half of the child caregivers surveyed were less than twenty-five years old; less than ten percent were above age 45. The age demographics mimic somewhat the ages of the mothers of younger children, and may also reflect the physical energy required in caring for young children. All but one of the 123 participants were female; the lone male participant was a director who had recently graduated from an early childhood bachelor's degree program.

Caregiver training

Asked if they had received specific training related to child abuse and neglect, less than half (39.8) of the child care teachers and support staff reported that they had.

Administrative staff reported they had received training specifically related to child abuse and neglect almost twice as frequently as teaching staff. Despite a state mandate to report suspected abuse, when asked whether or not they had received specific training related to this subject, two-thirds of teaching staff and one-third of the administrators said they had not. Table 5 lists responses by employment category.

Table 5 Specific training related to child abuse and neglect

Staff category	Percent “yes”	Percent “no”	Total
Teacher/Support Staff	39.8 (n=37)	60.2 (n=56)	100.0 (n=93)
Administrative Staff	66.7 (n=16)	33.3 (n=8)	100.0 (n=24)

In another question related to training, participants were asked whether they were familiar, somewhat familiar, or unfamiliar with the Texas legal definition of child abuse and neglect and mandatory report laws. As presented in Table 6, very few of the teaching staff reported they were familiar with the state definition of child abuse and neglect and the mandatory reporting laws. Almost 90% of the teachers and one half of the administrators were unable to say they were familiar with the most basic child abuse and neglect reporting law in the state.

Table 6 Familiarity of staff with Texas law regarding child abuse and neglect

Staff category	Percent “familiar”	Percent “somewhat familiar”	Percent “unfamiliar”	Total
Teachers/Support Staff	13.3 (n=12)	66.7 (n=60)	20.0 (n=18)	100.0 (n=90)
Administrative Staff	50.0 (n=10)	45.0 (n=9)	5.0 (n=1)	100.0 (n=20)

Overall, more than three-quarters (77.9%) of the caregivers said they received some training in how to report child abuse and neglect. Table 7 indicates awareness of how to report by staff category. Administrators are more likely to have received training (87.5%) than teaching staff (75.3%).

Table 7 Training in the reporting of child abuse and neglect

Staff category	Percent “yes”	Percent “no”	Total
Teachers/Support Staff	75.3 (n=67)	24.7 (n=22)	100.0 (n=89)
Administrative Staff	87.5 (n=21)	12.5 (n=3)	100.0 (n=24)

Subjects were asked whether they believed they were adequately trained to identify and report child abuse or neglect. Table 8 shows that only 7.7% of the teaching staff and 26.1% of administrators surveyed reported they are definitely trained; about two thirds of each group reported being somewhat trained to identify and report child abuse or neglect. Over a quarter (25.3%) of the teachers believed they were not at all adequately trained to report.

Table 8 Adequately trained to identify and report child abuse and neglect

Staff category	Percent “definitely”	Percent “somewhat”	Percent “not at all”	Total
Teachers/Support Staff	7.7 (n=7)	67.0 (n=61)	25.3 (n=23)	100.0 (n=91)
Administrative Staff	26.1 (n=6)	60.9 (n=14)	13.0 (n=3)	100.0 (n=23)

Caregivers were asked to indicate the sources they use for information on the topic of child abuse and neglect (Table 9). Talking with others was rated highest (85.6%). Two thirds of the respondents also report using informal sources (books, magazines and television programs) as well as more formal sources such as training and course work. Items written in as “other” included personal/real life experience, training received as an investigator from CPS, social work training, school experience with abused children, work with abused and neglected children, child abuse advocacy groups, and foster parenting.

Table 9 Sources of useful information about child abuse and neglect

Source	Percent “yes”
Talking with others (n=118)	85.6
Books or magazines (n=115)	78.3
Television programs (119)	73.9
Booklets or brochures from agencies related to young children (n=115)	73.9
Employer training or program handbook (n=113)	68.1
Training conferences or workshops (n=112)	66.1
A course or class (113)	61.9

Finally, when asked if they had received training information on cultural practices that might be considered possible child abuse or neglect, most subjects (81.2%) indicated

they had not. This was the only item that showed very little difference between teaching staff and administrative staff.

Discussion of caregiver training

Overwhelmingly, respondents said they were only somewhat or not at all familiar with the basic knowledge needed to report suspected abuse and neglect (Table 6).

Administrative employees were more likely (50%) than teaching staff (13.5%) to say they had received essential training in recognizing child abuse. Child maltreatment is one of four training topics required by the state child care licensing agency before employment in a child care center or full time pre-school is allowed. With a mandate to report suspected child maltreatment, more than half of those who care for young children in child care centers do not have the basic knowledge to do so.

Three questions on training and ability to report, despite their overlapping nature, showed differences in the way participants answered them (Tables 6, 7 and 8).

Participants, when asked whether they had any “specific training related to child abuse and neglect”, answered about 50% yes and 50% no (Table 5). However, when asked whether their training included “how to report child abuse or neglect”, almost 80% reported that it did (table 7). Both questions ask for information received through training, but since “how to report” is a sub-set of “training related to child abuse and neglect” the answers might be expected to be the nearly the same or possibly of a smaller percentage. When asked if they were adequately trained (Table 8), only 11.2% of those surveyed said they were. Two thirds (66.4%) believed they were somewhat trained and nearly a quarter believed they were not at all trained to report. One explanation may be

that participants received some “on the job” information during the orientation for all new employees that is required by child care licensing directives. Such information could narrowly focus on the legal requirement to report rather than training in recognition of symptoms. One of the four components of the orientation requires that caregivers recognize signs of child abuse and neglect (which are not specified) and report suspected abuse and neglect to appropriate authorities. All caregivers, therefore, should have been told about the requirement to report, but still may have received very little specific training about child abuse and neglect itself.

Though these three questions related to knowledge of child abuse and neglect assess different aspects of the training participants had received, they are in agreement in several ways. Over half the caregivers had received no specific training related to child abuse and neglect, and only 11.2% felt they had been adequately trained in the topic. Additionally, informal sources of information were reported more frequently than formal sources of information. Most caregivers (85%) got their information on child abuse and neglect from talking to other people (family, friends, and fellow-workers) or from books, magazines, and television. Clearly, additional caregiver training in child abuse and neglect is needed.

Subjects chose from both formal and informal sources of possible training in child abuse and neglect, with training content unspecified, to indicate their preferred method of instruction. Most (85.6%) selected talking with others as a source of useful information about abuse and neglect. While this was the preferred mode of receiving information, it does not follow that these discussions provided caregivers with an accurate and

professional level of information. This is also be true of the books, magazines and television programs that were selected by caregivers as being highly utilized for information on child abuse and neglect, particularly if they were not of a sufficiently accurate and professional nature. About two thirds of the caregivers reported that training conferences or workshops (66.1%) or a course or class (61.9%) were sources of useful information. Since only 54.7% reported having specific training in the reporting of child abuse and neglect, some respondents may not have answered the question based on their own previous experience.

Over 80% of the child caregivers in the study reported receiving no information on cultural practices that may confuse issues related to possible child maltreatment. Increasing numbers of immigrant, bi-cultural and/or non-English speaking families with a variety of little understood cultural practices send their children to child care programs in this country. While no child should be abused and every suspected case must be reported, families should not be reported to authorities simply because their child-rearing and other social practices differ from the mainstream. All caregivers deserve to be supported with training that could help them differentiate between cultural practices by any group which are little understood, and those practices that may be abusive.

Findings in the quantitative data from this study provide complementary, though not matching, conclusions about the further need for training when compared with the findings of Jacobson, Glass and Ruggiere (1998) whose subjects included a variety of child contact professionals. Their survey, conducted by telephone, indicated that over 93.3% of respondents who worked in child care centers (n=45) had at least some training

related to child abuse and neglect. The present study found only 45.3% of respondents (n=117) answered “yes” to receiving training related to child abuse and neglect. In both studies, additional and much more specific training for child caregivers in the recognition and reporting of suspected child abuse and neglect is indicated.

Self-reported ability of caregivers to recognize and report child abuse and neglect

Child caregivers were asked whether they could identify abuse and neglect among children in various age groups (Tables 10, 11, 12 and 13). For each age group, twice as many administrators (40%) reported confidence in their ability to recognize child abuse and neglect than teachers (20%). Nearly half of the administrators perceived themselves as only somewhat able to recognize child abuse at each age level, but over 80% of the teachers were no more than “somewhat able” to recognize child abuse at each age level.

Table 10 Ability to identify abuse and neglect among infants (birth to one year)

Staff category	Percent “very able”	Percent “somewhat able”	Percent “not able”	Total
Teachers/Support Staff	17.8 (n=16)	72.2 (n=65)	10 (n=9)	100.0 (n=90)
Administrative Staff	39.1 (n=9)	47.9 (n=11)	13.0 (n=3)	100.0 (n=23)

Table 11 Ability to identify abuse and neglect among toddlers (one to three years)

Staff category	Percent “very able”	Percent “somewhat able”	Percent “not able”	Total
Teachers/Support Staff	17.7 (n=17)	78.1 (n=75)	4.2 (n=4)	100.0 (n=96)
Administrative Staff	39.1 (n=9)	52.2 (n=12)	8.7 (n=2)	100.0 (n=23)

Table 12 Ability to identify abuse and neglect among pre-schoolers (three to six years)

Staff category	Percent “very able”	Percent “somewhat able”	Percent “not able”	Total
Teachers/Support Staff	20.0 (n=19)	77.9 (n=74)	2.1 (n=2)	100.0 (n=95)
Administrative Staff	43.5 (n=10)	56.5 (n=13)	---	100.0 (n=23)

Table 13 Ability to identify abuse and neglect among school-agers (six to twelve years)

Staff category	Percent “very able”	Percent “somewhat able”	Percent “not able”	Total
Teachers/Support Staff	21.5 (n=20)	74.2 (n=69)	4.3 (n=4)	100.0 (n=93)
Administrative Staff	33.3 (n=8)	62.5 (n=15)	4.2 (n=1)	100.0 (n=24)

Subjects were asked whether they could identify different types of abuse and neglect. Responses in Table 14 show half the subjects strongly agree that developmental characteristics help to identify child abuse and neglect, but half do not. About two thirds somewhat agree that they could identify physical abuse, sexual abuse, emotional abuse, and neglect. In each of these categories, administrative staff reported more confidence than teaching staff in their ability to recognize and respond appropriately. Several participants were unclear as to the meaning of the term “developmental characteristics” and asked the investigator for a definition before marking an answer to the question.

Table 14 Child caregiver ability to identify child abuse and neglect

	Percent “strongly agree”	Percent “somewhat agree”	Percent “do not agree”
The developmental characteristics of a child help in identifying child abuse and neglect. (n=118)	48.3	50.0	1.7
I could tell the difference between physical abuse and unintentional injuries. (n=119)	11.8	73.1	15.1
I could identify sexual abuse by children’s actions or words. (n=114)	21.1	66.7	12.3
I could identify emotional abuse or neglect. (n=119)	29.4	62.2	8.4
I could identify physical neglect. (n=121)	38.8	60.3	0.8

Discussion of self-reported ability to recognize and report child abuse and neglect

Few of the caregiver teaching staff reported being “very able” to identify child abuse and neglect at any age, with recognition in infants (17.8%) and toddlers aged one to three (17.7%) virtually the same. Administrators were somewhat more confident of ability to detect (39.1) in both infants and toddlers. Teachers reported being “very able” to detect (20.0%) slightly more often if children were pre-schoolers aged 3 to 6, and 43.5% of administrators were “very able” to detect. These results may be compared to the 1998 study by Jacobson and others that reported 27.3% of child care center staff believed they could detect abuse and neglect in infants, 31.1% in toddlers, and 66.7% in preschoolers. Child caregivers, particularly teachers, may be counting on children’s verbalizations to provide them with information about abusive practices, consequently feeling less sure with nonverbal or limited speaking abilities of younger children. Ability to speak, however, may not necessarily result in children disclosing maltreatment, and care should be taken not to depend on this as a factor in decision making.

Caregivers’ ability to identify types of child abuse and neglect was also low, about 20%. Half of the respondents indicated they somewhat agree that developmental characteristics of children would be of use in identifying child abuse and neglect. Teachers were slightly more likely than administrative staff to agree strongly with the statement, perhaps because of their higher level of daily contact with children and experience with meeting children’s needs. It is possible that some subjects did not understand the term “developmental characteristics”. Knowledge of developmental

milestones in children's growth (what can be expected from them, or “usually happens”), however, can help support the process of making decisions to report as mandated.

The fact that very few subjects (11.8%) strongly agreed they could differentiate between physical abuse and unintentional injuries is of concern. This ability lies at the heart of the decision making process and the choice of whether to report or not report. Subjects may have been more comfortable “somewhat” agreeing they could distinguish child maltreatment from the accidental injuries children receive. When put in the context of other variables, including caregiver and parent relationships, fees paid by parents and salaries paid to caregivers, director-employee status levels, “somewhat” may be overridden by other considerations and not be strong enough to protect children adequately.

Though still a relatively small number, nearly twice as many caregivers (21.1%) strongly agreed they could identify sexual abuse by children’s actions or words. Experts in this field would disagree that sexual abuse is easier to identify than other forms of physical abuse. Child sexual abuse, which may be accompanied by threats or bribes from the perpetrator, is thought to be the most difficult form of maltreatment to detect (Conte, 1986, 1991). Miller (1996, p. 151) reminds early childhood teachers in a training manual chapter on child sexual abuse, that “Some children show no signs, physical or behavioral” while abuse is occurring. Since the pre-school or child care center may be the “one place where they feel safe”, symptoms may not be evident or be hard to detect. Lack of training in child abuse and neglect recognition and reporting may lead caregivers to believe sexual abuse is easy to detect, but such a belief is mistaken.

A final survey item asked subjects whether they would participate in an interview session with the investigator to discuss further the subject of child abuse and neglect. Over 75% expressed an interest in providing information during this phase of the study.

Interview Results

In the second data collection, individual interviews were conducted with ten subjects. Five teaching staff and five program administrators, selected to be interviewed based on convenience, responded to eleven decision making vignettes or scenarios. All subjects were eager participants who expressed sincere interest in the topic of child maltreatment. Many asked their own questions of the investigator during the course of an interview; questions were discussed and answered after the close of each interview.

Child care administrators in particular used the investigator as a resource and asked for additional kinds of information, including hiring of additional staff members, availability of child abuse and neglect materials or training, information on meeting licensing standards and enrollment in college classes. Teachers were more likely to indicate to the investigator that they depended on the program director to provide answers to the questions they had. Information requested was provided to participants when possible. One director requested an evening training session on child abuse and neglect for center staff members. This was held after staff had turned in their completed questionnaires.

Interview design

Conducting personal interviews with child caregivers allowed the investigator to probe for details which might not be forthcoming in other approaches. However, what

participants believed to be the “right answer” and what participants thought was expected by the investigator may have biased interview responses.

In each interview, the investigator read vignettes consisting of several sentences describing a child visually and in behavioral terms to the participant. Parental behavior, attitude, and verbalization were also described. Participants were asked to make their decisions based on the information provided in the vignette using their own best judgement. After each vignette was read, subjects were asked to decide whether or not to report suspected child maltreatment, and to name the type of abuse if it was reportable.

A series of eleven vignettes or scenarios was read to each subject. Five gave examples of situations focusing on a child’s behavior or appearance, five included information about a child’s parents, and one example cited information about a parent provided to one caregiver by another. The scenarios were also designed to implicate possible abuse or neglect across the four categories defined in state law (physical abuse, physical neglect, sexual abuse and emotional abuse or neglect). Children six months to five years of age were used as examples in the vignettes.

Vignettes focused on non-abusive as well as abusive situations. Two described normal developmental behaviors (a baby who cries before napping, two children who partially undress on the playground). Another described parental use of physical punishment (slapping a child) which is explicitly listed as permissible and non-reportable in the state legal code. This item also allowed for the discussion of differences in family cultural practices. Other vignettes described serious evidence of abuse, including a severe case of neglect, two possible indications of sexual abuse and four reportable cases

of physical abuse, with frequent and severe injury. While each subject had eleven opportunities to report suspected abuse (one for each vignette), only five of the vignettes described incontrovertible evidence clearly reportable to authorities. Examples were not embedded in the full context of knowledge about particular children and their families that is usually present in an actual child care center setting. The investigator encouraged participants to focus on the factors used in making decisions, rather than giving the “right” answer. Several open-ended questions about personal experience with child abuse and reporting concluded the interview and provided an opportunity for subjects to extend and add to their earlier comments.

Audiotapes made during the interviews were transcribed and added to other field notes. Summary and contact sheets were utilized and factors reported in decision making were coded and added to participant ratings of non-abuse or abuse and type.

Caregiver Reporting Patterns

Each of the ten subjects had eleven opportunities to report or not to report suspected child abuse. Table 15 shows administrator and teacher decisions to report or not report. Administrative staff were more likely than teaching staff to say they would report suspected abuse or neglect based on the situations described in the eleven vignettes (twenty-eight of a possible 55 reports). Teaching staff made nineteen of 55 possible reports, but indicated that eight of the reports would be made to the director instead of child protective agencies or police, deferring the making of a decision to report to the center director (“I would report this. I would go to the director...”; “yes,...my legal requirements are to report it to my director”). In cases where the teacher affirmed the use

of “yes” but made additional statements about reliance on a decision by the director, the investigator recorded the response as “yes”, but additionally categorized these responses as “soft yes”, as indicated in Table 15. More than a third of teaching staff’s “yes” answers fall into this category.

Table 15 Reports of suspected abuse and neglect to authorities

Vignette	Administrative Staff (n=5)	Teaching Staff (n=5)
1. (3-year-old, injuries)	4	3 (3 soft yes)
2. (5-year-old, hungry)	2	0
3. (4-year-old, burns)	4	4
4. (5-year-old, rest room)	0	0
5. (6-month-old, bruising)	4	3
6. (3-year-old, on knees)	2	0
7. (4-year-olds, curiosity)	0	0
8. (4-year-old, conference)	4	2 (1 soft yes)
9. (3-month-old, cries)	0	0
10. (toddler, injuries)	5	4 (2 soft yes)
11. (culture, slapping)	3	3 (2 soft yes)
Totals	28	19 (8 soft yes)

Five of the scenarios used in the interview sessions described situations that are clearly reportable to authorities (items 1, 2, 3, 5 and 10). Indications of severity and frequency in the description provided respondents with adequate evidence to report suspected abuse in these five cases. Table 16 provides administrator and teacher responses to these reportable scenarios, and again show the higher reporting levels of administrators. Nearly half of the reports of suspected abuse which teachers said they would make in these five situations were amended to indicate reports would be taken to the director for further action, and are indicated by the investigator’s use of the term “soft

yes”. Director responses and use of the “soft yes” response by teachers provide clear evidence that child care administrators almost always make the decisions to report suspected abuse and neglect of a child in the center to legal authorities.

Table 16 Responses to five scenarios that are definitely reportable

	Administrative Staff (n=5)	Teaching Staff (n=5)
Opportunities to report across all scenarios (11)	55	55
Reports that should have been made	25	25
Actual reports made	19	13 (6 soft yes)

Teaching and administrative child care staff responses to reporting did not differ greatly based on whether a particular scenario was child-focused or parent-focused, but maintained a similar pattern of higher numbers of reports made by administrators. Teachers, however, were less willing to assign blame to parents, especially when looking at possible neglect cases. With ten opportunities to report suspected child neglect, administrators reported six times, and teachers only once. Teachers made comments that reflected a reluctance to approach parents about possible neglect even when a child is consistently very dirty, unhealthy and hungry (“could have been just a bad day, mom couldn’t have maybe got the child cleaned up”; “there are a lot of little skinny kids running around”; “maybe it’s just a growth spurt”; “I would not make a big deal over not being healthy or being well groomed”). Some also said that while they would not report, they would talk to the director about these situations or suggest agencies that could help

the family. Table 17 shows the differences between the five child-focused vignettes and six adult-focused vignettes.

Table 17 Responses to child-focused and adult-focused vignettes

Child-focused (5)	Administrative Staff (n=5)	Teaching Staff (n=5)
Item 2. (5-year-old, hungry) suspected neglect	2	0
Item 3. (4-year-old, burns) suspected abuse	4	4
Item 4. (5-year-old, rest room) possible sexual abuse	0	0
Item 6. (3-year-old, on knees) possible abuse	2	0
Item 7. (4-year-olds, curiosity) non-abusive	0	0
Totals	8	4
Adult-focused (6)		
Item 1. (3-year-old, injuries) suspected abuse	4	3
Item 5. (6-month-old, facial bruising) suspected abuse	4	3
Item 8. (4-year-old, conference) possible neglect	4	1
Item 9. (3-month-old, cries) non-abusive	0	0
Item 10. (toddler, injuries) suspected abuse	5	3
Item 11. (culture, slapping) non-abusive	3	3
Totals	20	13 (6 soft yes)

Decision-making patterns

Statements respondents made as they discussed situations described in the vignettes were coded for possible decision making factors (Table 18). Both directors and teachers used frequency of incidents and severity of injury to make reporting decisions, with directors more likely to use both of these factors to make decisions than were teachers (32 uses by directors and 18 by teachers). Teachers were somewhat more likely to use observations and knowledge of children (27 uses) than directors (22 uses). Directors were much more likely (26 uses) than teachers (13 uses) to make decisions about whether an incident should be reported as suspected child abuse or neglect through observations of the child's parents.

Throughout the ten interviews, and while discussing eleven different vignette situations, no teachers and only two directors (once each) referred to previous training as a source of information which could help them make decisions about the eleven vignettes. Thus, in a total of 110 opportunities to do so, caregivers only twice mentioned training they had received as factors in making a decision about suspected child abuse and neglect. Directors (4 times) and teachers (5 times) said their previous work experience would help in the making of a particular decision. Teachers also cited personal life experience as being helpful to them in making decisions (4 times); no director mentioned this as a factor. This reliance on work and personal experience in the making of decisions may also reflect the teaching staff's lack of other more formal training.

Table 18 Factors used in making decisions in the eleven vignettes

	Administrative Staff (n=5)	Teaching Staff (n=5)
Frequency of incident	13	8
Severity of incident	14	10
Child observations and knowledge	22	26
Parent observations	26	13
Previous training	2	0
Work experience	4	5
Personal experience	0	4

Factors were also analyzed according to whether the vignette focused solely on the child or on the child and a parent. One vignette included information on the child's caregiver as well as the parent. All vignettes described a child's appearance or behavior; therefore, each provided an opportunity to discuss child-related factors. Results were analyzed as a whole, rather than by staff status. Table 19 shows that parental information, when available, was used by subjects in making decisions about the reporting of suspected child abuse. Since caregivers interact daily with a child's family in the course of their work, training in signs of potentially abusive parental behaviors should be included in the child abuse and neglect training that is mandated by the state.

Table 19 Factors used in making decisions in child-only and child with adult vignettes

	Child-only vignettes (Items 2, 3, 4, 6, 7)	Child with adult vignettes (Items 1, 5, 8, 9, 10, 11)
Frequency	4	17
Severity	6	18
Child observations and knowledge	33	15
Parent observations	11	28
Previous training	2	0
Work experience	4	5
Personal experience	0	4

The role and impact of ‘deference’ as a factor in the reporting of child abuse and neglect

The salient feature of the interview data was the agreement across teaching and administrative staff that teachers should defer to directors in decisions related to reporting, a factor the investigator will call deference. Examples of teacher and administrator use of deference is provided in Table 20. It appeared to be difficult in many cases for teachers to indicate that they would report suspected abuse and neglect without adding the phrase, “to my director”, even when the question was restated, “would you pick up the phone and call?”. None of the five teachers had ever reported a case of suspected abuse or neglect directly to authorities. Teacher statements included, “My legal requirements are to report it to my director”; “I’ve always told the director and we usually agree...”; “If I had some concerns I would tell my director... We never had enough information to make the call. I defer the decision to the director”. Even when

teachers classified a particular scenario as “yes” (a reportable incidence of suspected abuse and neglect) to the investigator, they often indicated that the report would be made only to the director: “I would report this. I would go to the director and say this is what I am seeing and what is documented”.

Directors also indicated that they expected staff under their direction to defer to their judgement. Some had policies requiring teachers to inform them of potentially abusive situations, and seemed to take it for granted that if calls were to be made reporting suspected abuse, they would be the ones to make them. One director was clear on what she saw as the roles of teacher and director in such cases, with an expectation of deference to her opinion from other staff: “The director should know basically the steps to take; it’s for the teachers to know what to watch out for”. She discussed the importance of teachers’ observations of children and awareness of possible abuse, and said, “...[but] I had teachers who took it upon themselves to report something that we [administrators] chose not to because we felt it was an isolated thing.... They took it upon themselves; we did everything that we felt was necessary.... We addressed it with the teacher for making a [wrong] decision”. She noted that the parent was upset and complained about the report, and removed her child from the center.

Table 20 Indications of deference by teachers and administrators

Teachers	Statements expressing deference toward directors
1	“Yes (report), I would get my director to come and see what she thinks”. “If I had my way, I would call immediately.” “I always tell the director and we usually agree. There was a couple of times we disagreed...and the director was more reluctant to report” (no reports were made).
2	“No, I would get my director involved.” “I discussed this [incident] with the mother and the director” (no report was made).
3	“I’ve never reported it myself.” “The teacher discussed it with the supervisor and the owners...and they decided to call...”
4	“Yes [report], I would tell my director.” “I would talk to the director, and the two of us would check...” “My legal requirements are to report it to my director.” “My decision was based on my director’s lead and I felt we didn’t have enough information.”
5	“If I had some concerns, I would tell my director and we would keep a file... We have never had enough information.” “I defer the decision to the director.” “I would seek a second opinion [on a serious injury to an infant].”
Administrators	Statements expecting deference from teachers
1	“The director should know the steps to take; it’s for the teachers to know what to watch out for.” “...we chose not to, because it was an isolated thing” (expressing anger at teacher who reported suspected abuse). “She [wrongly] made the decision based on her own.”
2	No statements related to deference: “When I train my teachers I tell them, you don’t want that on your conscience, if it’s ...one of the children,...injured or dead...[and you didn’t report].”
3	“I don’t want my teachers to overreact.”
4	No statements related to deference or teacher reporting: (teacher #5 is employed at this center).
5	“I would report that, once it reaches the director.” “...I would hope that my staff would bring that to my attention if I missed it.” “...[I train my staff] on what to bring to my attention.” “I always tell them to come to me first.”

Teachers also exhibited deference toward other teaching staff in circumstances where their mandated responsibility ought to have led them to report suspected abuse. In one case, a teacher would not report suspected abuse because the child was in another

teacher's classroom. She said, "I would discuss this with the teacher and...see if she can see it from my perspective and get additional details about the child and family...[but] I would not place the call". In a case demonstrating such severe injuries, any caregiver is mandated to report suspected child abuse.

Parents were often given the benefit of the doubt by teachers in situations that could possibly point to abusive actions. Teachers expressed more willingness to "take my cue" from what the parent says, "discuss it" with the parent, "ask them to explain it", or say "parents should be the judge" when making reporting decisions. They explained neglect with terms such as "growth spurts", "little skinny kids", and accept parents' inability to "keep the child clean". Other teacher responses were, "it is a matter of patience" with parents, "ask the parents for their help", "ask them to take the child to the doctor", "try to work with the child...pass on information to the parent about services available". While teachers must seek and use all the evidence they can gather in making reporting decisions, they should also be trained to weigh and prioritize the evidence. Observations of parental behavior and answers to caregiver questions about a child, including a lack of parental concern or response, are important considerations in making decisions about suspected abuse and neglect.

Both teachers and administrators made comments about their concern to make "correct reports", and not to report wrongly or to fail to report when they should. In a sense, both groups were expressing deference to authorities to whom they were to report as well as to the family who would be reported. Some used the term "losing the family", or "we lost the child", to express the fact that most families leave a program when a

report is made, whether or not it is substantiated. Caregivers expressed genuine sadness about this occurrence (rather than concern about the loss of a fee to the program), and made comments such as “we don’t know what happened [next]”. Nevertheless, reporting a parent to authorities as a suspected child abuser does in almost every case have a monetary effect when the child is removed from the child care program. Probably no other professional who is mandated to report (physician, school teacher, social service agent) is impacted financially in a similar way.

Discussion of vignettes and caregiver responses

In addition to coding for patterns of both reporting and decision making, the eleven vignettes were assessed individually and across similar situations to add to data findings. Teaching and administrative staff data is tabulated separately to allow patterns of differences to emerge. Individual tables for each vignette are located in Appendix E.

Vignette #1 (Table 21) described a serious child injury and denial by the mother, who had covered the injury with clothing inappropriate to the weather. Prudent professionals would suspect child maltreatment based on parental and child behaviors and the frequency and severity of the injuries. Three directors and three teachers of the ten subjects would report suspected abuse based on parental behavior. All directors and one teacher noted the inappropriate clothing, but one director did not see this as cause for alarm and would not report the incident, saying “three year olds dress themselves and their parent will allow them to dress themselves and they’re not always attentive to weather.” She would not report this incident. Directors mentioned frequency and

severity of injuries as factors in making a decision five times, and teachers mentioned these factors twice.

Vignette #10 (Table 30) also describes serious injuries, but of an even more severe nature. This incident, which should clearly be reported as suspected abuse, involved a child with repeated bruising and a broken leg. Complexity is added to the described situation by placing the child in another teacher's care. Teachers and administrators differed strongly in their responses. All administrative staff said they would report because of the frequency and severity of the injuries, as well as their locations ("most injuries happen on their hands and knees"). Administrators expressed irritation with the teachers described in the vignette for not taking the problem to the director. One asked angrily, "Where's the director in all of this?" [why hasn't she taken action?]. Four teachers would report this incident, similarly citing the frequency and severity of the injuries, although one said "Yes, I would report this; I would go to the director", a typical response throughout the interview sessions. No teacher indicated awareness that state law makes each individual in the center directly responsible for reporting such abuse. One teacher would not report the incident because the child was in another teacher's classroom, saying, "I would discuss this with the teacher and... see if she can see it from my perspective and get additional details about the child and family...[but] I would not place the call", again raising the issue of deferring to others rather than assuming responsibility for reporting suspected abuse and neglect. Another teacher wavered and decided "maybe it [the child's alleged clumsiness] is a medical

condition.” With injuries of this severity, any observer should report suspected child abuse.

Another vignette #3 (Table 23) which describes a reportable incident provides an example of a child who won’t or can’t answer a caregiver’s questions, a phenomenon which is not unusual in young children who have been abused. Children are often unable to answer questions caregivers have about their injuries, either because they are pre-verbal or because they refuse to speak out of fear, shame, or the inability to express what has happened to them (Miller, 1998). Caregivers should be trained to expect a lack of response from children, and not to assume lack of disclosure means abuse has not occurred. Equal numbers of teachers and directors (80%) recognized the “small round burns on both arms” as evidence of multiple cigarette burns, and would report suspected child abuse. The two who would not report suspected a “medical condition” as the cause of the injuries and shyness as the reason for the child’s lack of response to teacher questions. Both suggested talking to parents or to the child’s physician, actions which are inappropriate. First, no physician would discuss the medical condition of a child with a child caregiver because of right to privacy laws. Secondly, discussions with parents concerning suspected abuse should only take place after a report has been made to authorities, in order to pre-empt the possibility of counter-accusations by parents against caregivers. Caregiver training in the recognition and reporting of suspected child abuse and neglect should include cautions against both these actions.

Two vignettes, #7 and #9 (Tables 27, 29), should be recognized by any practitioner as non-abusive situations. One involves normal four-year-old child sexual

curiosity and the other a three-month old colicky baby. All caregivers agreed these were non-reportable incidents. Eight of the ten described this sexual curiosity as “typical” or “normal” four-year old behavior, and some would mention it to parents. Teachers had personal or work experience which helped them make a decision not to report the baby who cries before sleeping as suspected abuse. Only one director mentioned previous work experience as a factor in making this decision. Another did not “take babies” in the center and did not know if this was normal, and a third said she would ask the parent for a doctor’s report. All five teachers expressed confidence that crying before sleeping was normal three-month old behavior.

Possible sexual abuse is described in Vignette #4 (Table 24), a five-year old girl who is anxious about toileting, and Vignette #6 (Table 26), a three-year old boy who complains that his bottom hurts. No subject would report the case of the anxious five-year old. Staff seemed to struggle to try and find other reasons for the described behavior. Four of the teachers attributed this reaction to modesty, a need for privacy or possible urinary tract infection. A teacher said, “I wouldn’t go to the extreme, because that’s not my field, but I would try to figure out why that child does not want to go to the bathroom...not trying to make them say something about somebody, but just figuring out why...”. Although the incident of the three-year old who can’t sit down may have implications for child sexual abuse, it could also have been attributed to severe physical punishment. No teachers would report this, and attributed it to age appropriate (“little boys are like that”) or “antsy” behavior. Two administrators would report this incidence; all would examine the child for bruises, and one who would report said, “... because it

could be sexual abuse, not something I could see – internally.” A teacher thought the cause of the child’s behavior could be spanking, but excused it by saying “that’s parent discipline”.

This vignette also provided opportunities for probing into caregiver feelings about spanking. As spanking came up in caregivers' discussions, the investigator encouraged personal opinions about the practice. No directors indicated approval of spanking, but several discussed spanking or being spanked in the past in negative or neutral terms. A director said she had “learned in courses” how to use other ways to work with children; another said, “I don’t like slapping”. Teachers were more positive about spanking as a parental behavior. One said, “that’s discipline, I think...I don’t look down on parents that do [spank].” Another seemed concerned that some might consider spanking as abusive and said, “Now wait a minute! What does this have to do with what we’re talking about [abusive practices]?”

The age of the baby (six months), the seriousness of injuries and inadequate and conflicting parental explanations described in vignette # 5 (Table 25) should be adequate cause to report this case to authorities. While six of the ten caregivers used severity as a factor in reporting suspected abuse of a child with cigarette burns in an earlier vignette (#3, Table 23), only two considered severity in this case of severe injury to an even younger child. All directors used the described parental inconsistencies as a factor in making their decisions, although one of the five decided not to report. Only two teachers used this factor. Caregivers expected fathers to be vague about what had occurred, but expressed concern that a mother would not be more knowledgeable.

In Vignette #8 (Table 28), parents refused to discuss their anxious, depressed, and shy child with a caregiver. While this might be an indication of emotional abuse or neglect, physical injury was not described. Four of the five directors would report this incident, while only one of five teachers would do so. Every director used parental behavior, “unconcern”, or “not caring” as a reason to report. One said, “They will talk to me [about their child’s behavior], or I’ll report them”. The one director who would not report said, “the situation in fact for the child could be even made worse. I feel like there is not enough there for Child Protective Services to take some action...they have their own methods of investigating...am I just going to offend somebody or make parents angry who may be abusing a child and take it out on that child later? I think all those factors come into play”. This director’s worry about making parents angry was more typical of teacher responses. For example, one teacher said “Just because the parents do not have time to talk to me about it, that is not a reportable crime....I would pass on information about services available”. Most teachers said they would continue to attempt to talk with the parents about their child.

Scenario (#2, Table 22) presents a classic example of severe neglect (a hungry, sickly, dirty and poorly dressed child who has a sibling who is well cared for). Only two of the ten interviewees (both directors) would report to Child Protective Services. This was one of two vignettes in which the same subject, a director, used previous training as a factor in explaining her decision to report, saying, “That’s a definite reportable... they taught us that one of the very first things that a neglected child will do is hoard food. I found it to be very interesting. They had a seminar on this. Yes, training me to make a

decision on this”. Although the sibling differences were noted by many of the caregivers, three directors based their decision not to report suspected abuse on the fact that a younger sibling described in the scenario is healthy and well cared for. It is, in fact, common for one child to be selected as a victim in a family, while other siblings are treated in a more or less normal fashion (Garbarino, 1997). Caregiver training should include the information that not all children in the same family may suffer equally from parental abuse and neglect.

Statements from teachers included such comments as, there are “a lot of skinny little kids running around...”; “kids often hide food”; “I would ask the director to look at it”; “no, the brother is well cared for... they [CPS] would want more information than this”; and “I would not make a big deal over not looking healthy or being well groomed”. Teachers seemed to displace the responsibility for appearance and cleanliness onto the child, and to show hesitancy about placing the blame on the parent (“[it may have been] a bad day”). In the earlier survey questionnaire fewer than a third of both teachers and directors reported they would be able to recognize child neglect. The small interview sample of ten subjects shows similar findings, with only two directors reporting this incident as suspected abuse.

A scenario (#11, Table 31) that described parents from another country who slapped and yelled at their children allowed participants an opportunity to talk about spanking or hitting children, as well as differences in cultural child-rearing practices. Two directors would not report and said they would use this incident as a parental education opportunity to discuss child guidance. The other three directors indicated “in

this country”, “over here”, or “in our center” this is not allowed. In fact, the Texas legal code specifically states that parents may use physical punishment as a disciplinary tool with their children. Three teachers would also report the family to Child Protective Services. Three administrators and three teachers were more defensive of the use of physical punishment. One remarked, “That’s discipline - I don’t look down on parents that do [spank]”. Another said, “Slapping in the face is not good, but not reportable... Parents should be the judge of this. Beating is not ok, but if a slap or yelling gets your child’s attention, that is the way that parent has to do it.” A teacher with another view explained, “Slapping in front of everybody else, they may not realize that in our country this is abuse.” (The Texas legal code excludes from mandated reporting physical punishment by a parent that does not cause serious injury.) Another said, “I would like to call CPS for direction and guidance...and do a lot of observing.” A teacher who “talked through” all parts of the scenario, after much debate with herself said “maybe”, then “yes”, remarking “Well, there is definitely emotional abuse and there is definitely physical abuse in some sort because they are slapping the children.” Another said, “No, not reportable. Yelling and slapping is not enough for an agency to follow up on. I would personally try to find out more about the family and their culture, because we used to whip our kids with sticks off the trees; this may be acceptable in their culture. I might share with the parents about how children are disciplined in our culture.” The responses to the cultural aspect of this vignette were emotional and varied, with no clear pattern. Both those who would and would not report empathized with or criticized this family from another culture.

A high number, six of the ten, would report this legal though troubling behavior to Child Protective Services as physical and possible emotional abuse, many saying culture is not relevant in this case, or “has nothing to do with it”. Many were unsympathetic to the cultural difference: “Even though we are talking about a different culture, they are now in this country; they are now in our care, and I would feel obligated to report that, then they could explain that to the authorities!” Another teacher stayed with her earlier response to another vignette, saying that parents should “judge” when slapping is needed. A director who earlier reported “in certain incidents, spanking is needed” had little patience for this family. “We are in America now. If you’re going to live in America, you’ve got to follow the laws...[if] I feel there is abuse, I would report it...reportable, because of the slapping and yelling”.

This intolerant attitude toward culturally diverse behavior in child-rearing practices (though not in this case very diverse) may reflect survey data showing over 80% of the 123 subjects had received no training in family cultural practices. The child contact professionals in Jacobson’s survey (1998), including trained specialists in medical, child advocacy and legal fields who might be expected to have access to better and more current approaches to child care and abuse training, also report a high rate (68%) of no training in family cultural practices. Both studies have implications for the content of training provided to caregivers.

Conclusions

Two research methods were used to answer the research questions regarding factors used by caregivers in making decisions about the recognition and reporting of

suspected child abuse and neglect. Both the survey questionnaire and the interview questions provided information that pointed to the lack of training in child abuse and neglect being utilized by child caregivers in the study. This finding is consistent with the difficulty subjects had in identifying child maltreatment, and in statements subjects made about their own experiences with non-reporting of suspected child abuse.

A summary of child caregiver training in child abuse and neglect

Teaching and administrative staff (n = 123) in fourteen child care centers completed questionnaires which asked about the training they had received in recognizing and reporting child abuse and neglect. The ratio of teaching staff to administrative staff was 4:1. Only half (49.2%) of the subjects had at least some educational experience beyond a high school diploma or GED degree, with administrators (41.6) more likely than teachers (25%) to have a college degree.

More than half (60.2) of the teaching staff and a third (33.3) of the administrative staff said they had received no specific training related to child abuse and neglect. Most of the teachers (86.7%) and half (50%) of the administrators were unable to say they were familiar with state law regarding child abuse and neglect. Only 7.7% of the teaching staff and 26.1% of the administrative staff reported they were definitely trained to identify and report child abuse and neglect.

Child caregivers selected talking with others (85.6) as the highest rated source of information about child abuse and neglect, followed by books and magazines (78.3%) and television programs (73.9%). Most subjects (81.2%) reported they had received no training on cultural practices that might relate to child maltreatment.

Overall, caregivers who answered the survey indicated they had received very little training specifically related to child abuse and neglect, relying primarily on conversations with others as a source of knowledge about the topic. Such a substantial lack of training leaves caregivers poorly prepared to carry out their legally mandated responsibility to report suspected child abuse and neglect to the proper authorities.

A summary of the factors influencing childcare providers in the reporting of child abuse

Five teaching staff and five administrative staff responded to scenarios or vignettes presented to them in interview sessions. As caregivers expressed their opinions about the various scenarios, they provided answers to the questions as to what factors they used in their decisions to report or not report potentially abusive practices.

Administrators were more likely to say they would report an incident as suspected abuse or neglect (28 reports) than were teachers (19 reports). Additionally, teaching staff often indicated that their answers of “yes” (they would report) meant they would report only to the director. Eight of the 19 reports were categorized as “soft yes”, or a report to the director. This use of deference toward administrative staff was expressed by all five of the teaching staff. Four of the five directors also indicated they expected such deference from teaching staff. Only one director of the ten subjects interviewed indicated an awareness of the state mandated individual responsibility to report suspected child abuse and neglect.

Of the decision making factors caregivers used to make judgements about potentially abusive practices, administrators were more likely to use information about a child’s parent. Statements regarding parental behavior and verbalizations were made

twenty two times by the five administrative staff as they made reporting decisions. The five teachers made less use of the information provided about parents when making their decisions, with eleven statements related to what parents did or said. This was the largest variation between the two groups in their reports of how decisions were made.

Using information about child abuse that had been provided during caregiver training was reported only twice by the five directors during discussions of the eleven scenarios. None of the five teachers mentioned their training as helpful in making decisions about child abuse. Both teachers and directors cited previous work experiences in the making of decisions. However, only teaching staff named personal experiences as helpful in making reporting decisions.

Directors were more likely than teachers to comment on the severity and frequency of child injuries when making decisions (twenty-four reports), although teachers used these also to a lesser degree (sixteen reports). Teachers used information about a child's age and development or behavior only slightly more than directors did, and both used this factor often (twenty-two uses by teachers, twenty by directors).

Caregivers also provided information about those occasions when they suspected abusive practices and failed to report, including teaching staff who reported only to their directors, which was often the same thing. Four directors said they had never failed to report what they thought was suspected abuse. One director said she had suspected a friend was abusing her child and did not report it, "when I was younger, less mature", indicating she acts differently now. Two teachers wavered in their answers as to whether they had failed to report, saying they "suspected" and did not report, then deciding what

they had seen was not abuse. Another teacher rather painfully told of an incident that she described as “not normal behavior” between a father and daughter and “the knowledge the child had”. “My decision [not to report] was based on my director’s lead, and I felt we didn’t have enough information”. These personal experiences by teaching staff point again to a strong use of deference toward their directors when making reporting decisions.

Worries about whether the authorities with “all that red tape” would find their reports unsubstantiated, children gone from their classrooms, and their hearts overburdened with what else they might have done to help a child, also troubled child caregivers. As one teacher said, “I never saw anyone who looked like an abuser”. Caregivers shared their concerns about “being correct” or “having enough” to make a report to CPS. Three directors and one teacher made positive or neutral comments regarding Child Protective Services; one director and two teachers made negative statements, including one who was reported to CPS in relation to her own child, and expressed some bitterness about the actions taken in her case.

Evidence in both sets of data point overwhelmingly to a lack of training about child abuse and neglect by subjects participating in the study. Both teaching and administrative staff are unaware of basic state law and the mandated requirement that each individual who works with young children must report suspected abuse and neglect. Reporting decisions are being left to the discretion of child care administrators, who in fact, are considerably more likely to have received at least some training. Although directors showed some awareness of parental behaviors that may indicate child abuse,

teachers were likely to ignore or forgive such behaviors, and either to excuse signs of abuse or place some of the blame on children themselves. Some of the subjects in the study also expressed a lack of basic trust in the child protective services system and the authorities to whom they are to report. Clearly, the evidence points to a need for expanded, specific and mandated training in the recognition and reporting of child abuse and neglect for child caregivers.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

Summary

During 1997, child protective service agencies in the United States received over three million reports of children who were suspected of being abused or neglected. Over 75% of the victims of child abuse fatalities were under the age of five at the time of death and more than one third were under one year of age. In Texas, four thousand children die each year of sudden and unexpected causes. Texas Fatality Review Teams carefully examine all of these deaths in an effort to establish whether or not child maltreatment is a factor. The tragic circumstances and experiences of so many children are a cause of deep concern and increasingly active attention and intervention at all levels of government and among advocates and practitioners who work with young children. Prominent among those most directly and intimately connected on a regular daily basis are the nation's child caregivers. Their close personal and daily contact with young children and their families afford them unique first-hand opportunities to identify child abuse and neglect, and they are by law required to report to the appropriate authorities any suspected abuse and neglect of children who attend the centers where they are employed.

The decision to report suspected abuse and neglect is both difficult and complex. The close personal relationships caregivers have with children and their families assist them in the identification of suspected abuse and neglect but can also complicate the process by which decisions to report are made. The personal and professional experience of caregivers, their social, educational and cultural backgrounds, their beliefs, the

consensual views of their peers and colleagues, and the policies, advice and direction of their childcare centers all condition and influence the decisions which caregivers are mandated to make. The primary and most important influence upon them in this decision making process, however, is, or ought to be, the training in the recognition of child abuse and neglect which all caregivers need and are required to receive.

Purpose of the study

This study was designed to answer two research questions.

1. What immediate situational factors, including child behaviors, parental and adult behaviors, or severity and frequency of possible child abuse are considered by child caregivers in the recognition of suspected child maltreatment and in making decisions whether to report or not to report suspected child abuse and neglect?
2. What other factors, including personal experience, attitudes, knowledge or training, and other environmental issues, are weighed by caregivers in making decisions whether to report or not to report suspected child abuse and neglect?

Instruments used in the study were the “Child Abuse and Neglect Child Care Survey” and the “Child Caregiver Abuse and Neglect Interview”. Of the twenty-five centers that were sent letters inviting participation in the study fourteen agreed to participate. Center directors distributed survey questionnaires to their staffs, and voluntary subjects returned 123 forms. Frequencies were found for the survey data and presented either for subjects as a whole, or by categories of administrative and teaching staff when these appeared to affect responses. Interview audiotapes and field notes were

transcribed and coded during the second phase of the study, and findings were again reported as a whole or by category as appropriate.

Research findings

Over half of the caregivers who responded to the survey said they had received no specific training in child abuse and neglect, in spite of the fact that such knowledge is a licensing requirement of the state in which the study took place. Subjects selected “talking with others” most frequently (85.6%) as a source of information related to child abuse and neglect. Though twice as many administrators (40%) as teaching staff (20%) reported confidence in their ability to recognize child abuse and neglect, both groups overwhelmingly reported uncertainty about their ability to carry out the state mandate to report suspected child abuse and neglect. Only 17.8% of the teaching staff and 39.1% of the administrative staff reported being very able to detect abuse and neglect in infants, those children who are most likely to suffer fatal maltreatment. Very few of the caregivers who participated (11.8%) believed they could differentiate between physical abuse and unintentional injuries suffered by children, an alarming indication that many cases which should be reported to authorities are not.

Five administrative and five teaching staff from the original sample were interviewed individually and asked to make decisions about reporting suspected abuse and neglect based on vignettes which were read to them. Administrators were more likely than teachers to say they would report suspected abuse and neglect to authorities. Four of the five administrators said they had never failed to report as mandated. None of the five teachers had ever reported to delegated authorities, although four reported

discussing possible abuse with an administrator of the program where they worked. Administrators more often based a decision to report suspected abuse and neglect that was described in the vignettes on a description of parental behaviors, verbalizations or lack of concern (26 times) than did teachers (13 times). Teachers were more likely to make excuses for parents and focus mostly on descriptions of the child as they made reporting decisions. Throughout the discussion of the eleven vignettes, training was cited by subjects only twice, both times by administrators, as a source of information that was helpful in making decisions regarding child abuse and neglect.

The study provides an overall picture of how child caregivers in the centers that participated have responded to the state mandate to report suspected child abuse and neglect to the required authorities. It also reflects the openness and honesty of those who participated, as well as revealing the pain they experience as they make decisions about this most difficult, mandated and critical task. Above all, it reveals the serious inadequacies and deficiencies in the training provided for caregivers.

Conclusions

This study was designed to investigate the factors used by child caregivers as they carry out the state mandate to report suspected child abuse and neglect. Caregivers who participated in both the initial survey (n = 123) and the interview sessions (n = 10) provided information on the training they had received and the factors they used when considering whether or not to report suspected abuse and neglect to delegated authorities.

Analysis of the survey and interview data indicated the lack of training in the recognition of signs and symptoms of child maltreatment as well as in the reporting of

suspected abuse and neglect to authorities, both of which are mandated for those who provide services to young children. Additionally, information on the factors used by child caregivers in recognizing and reporting suspected abuse and neglect showed evidence of a general reluctance to report by caregivers participating in the study who were teaching staff. To the research question asking what immediate situational factors (including child behaviors, parental and adult behaviors, severity and frequency of possible child abuse) are considered by child caregivers in the recognition of suspected child maltreatment and in making decisions whether to report or not to report suspected child abuse and neglect, the following conclusions were reached:

1. Administrative and teaching staff differed in their use of observations of the behaviors of children and parents as an aid to evaluating situations as possible instances of child abuse and neglect. While administrators used child characteristics, including age, development and behavior as factors in making decisions, they tended to concentrate on parental characteristics when that information was available. Teachers were more likely to ignore or excuse parental actions and focus on information related directly to the child (tables 17, 18, 19).
2. Frequency of injury and severity of potentially abusive incidents were also used by caregivers in the process of making decisions in the case of suspected child abuse and neglect. Other factors overcame the impact of frequency and severity, however, particularly when teaching staff made decisions they thought might not be in agreement with those of the center director. There seemed to be no clearly established criteria for the assessment of the factors of severity and frequency,

and decisions could be influenced considerably by the relationships caregivers had with children and their families and teaching and administrative staff in the center (tables 18 and 19).

3. The general inability to distinguish between the accidental and the intentional inflicting of injury on children by caregivers was striking and alarming, with just 11.8% of subjects strongly agreeing they would be able to do this (table 14). Teaching staff in particular were willing to “explain away” severe injury and neglect of children as young as six months as something that “happens” with children (p 53; table 17 and 25).
4. Cultural behaviors exhibited by families were seen as deviant behavior by some caregivers and used by them to make decisions to report parental actions that are permitted by law (as in the use of physical punishment such as slapping). Subjects expressed little confidence in their ability to distinguish or understand cultural differences (table 31), and only 20% reported receiving training in this topic.

To the research question asking what other factors, including personal experience, attitudes, knowledge or training and other environmental issues, are weighed by caregivers in making decisions as to whether possible child maltreatment is in fact reportable suspected abuse or neglect, data indicated the following:

1. Child caregivers are poorly trained to meet their mandated responsibility to report suspected child abuse and neglect. Only 13.3% of the teaching staff and half the administrative staff were familiar with state legal definitions of child abuse and neglect and mandatory reporting laws (table 6). Less than half (39.8%) of the

teachers and two thirds (66.7%) of administrators surveyed had received specific training in the recognition and reporting of child abuse and neglect (table 5). This important finding is similar to the results of Jacobson, Glass and Ruggiere's 1998 survey of child contact professionals. A state mandated responsibility to report is therefore not being met, and in some licensed centers there may be no caregiver competent or qualified to report (tables 18, 19 and 22).

2. Caregivers indicated that information about child maltreatment was sought or came to them primarily from discussion with others (85.6%), with books or magazines (78.3%) and television and agency brochures (78.3%) also named frequently as sources. Employee provided training, conferences or workshops, and a course or class were less utilized (between 61% and 68%). Few participants referred to specific or relevant courses, seminars, workshops or training sessions. The comments made by those who said they had received training indicated that the mandated pre-employment orientation for potential caregivers were at best rudimentary, and that other more formal training was received by some administrators, but seldom by teachers. The participants in the study were not asked for the titles and contents of books, magazines and television programs, but it is probably reasonable to assume that these sources were of a general, popular nature, and not professional or academic in content or origin (table 9).
3. The data collected on the educational levels and qualifications of those working as teaching staff in child care centers indicates most practitioners are employed in entry level positions with low wages. This makes even more critical the need to

provide caregivers with a level of training that will give them the knowledge and skills necessary to carry out the state mandate to report child suspected abuse and neglect (tables 1-3).

4. The ten caregivers interviewed were provided with a total of 110 opportunities to include training as factor when making decisions about possible child abuse and neglect. Formal training in the recognition of child maltreatment was cited only twice in the study as a contributory factor in the recognition and reporting of a simulated case of child abuse and neglect. Both subjects who named training as a factor in making a decision were administrators.
5. Teaching staff were more likely than administrators to rely on their own previous work as caregivers or other personal experience as a factor which helped them make decisions about possible child maltreatment. These previous experiences provided them with information they used in formulating their decisions to report, or not to report, suspected child abuse and neglect (tables 18 and 19). With little or nothing in the way of formal training in the knowledge and skills related to recognizing and reporting child abuse and neglect they substituted life experience to help them to make these difficult decisions.
6. There was a generally shared but wholly erroneous assumption that sexual abuse of children is not difficult to identify, with all but 12.3% of participants somewhat or strongly agreeing they would be able to identify it by children's actions or words (table 14). When presented with simulated situations in vignette form, both teachers and administrators provided other causes for children's symptoms of

possible sexual abuse, and maintained a “wait and see” attitude. Several related troubling experiences in their own work situations in which they had asked for and accepted parental explanations of a child’s behavior or deferred to a director’s decision not to report what they believed might have been child sexual abuse (tables 24 and 26). Perhaps because of the highly emotional nature of this form of abuse, caregivers showed reluctance to accept the possibility that sexual abuse was taking place, even in the face of considerable evidence to the contrary.

7. Although not the focus of this study, several caregivers mentioned the importance of talking with parents in informal ways about children’s behaviors or the parenting of young children. Helping parents to deal more effectively and appropriately with their children eases intra-familial relationships and may reduce the incidence and risk of child abuse and neglect, and the need to report it. Parents’ daily observations of the appropriate practices of caregivers with regard to children may also exercise a beneficial influence on both parents and children. Caregivers should be provided with training in parent education techniques which can be used informally on a day to day basis as well as in more formal programs provided to parents. Easing family stress through parent education may also affect the incidence of child maltreatment.
8. The most striking outcome of this study is to be found in the identification of ‘deference’ as a powerful factor influencing caregiver decisions to report, or not to report, suspected child abuse and neglect. This factor was present as subjects discussed and made decisions about the vignettes, but was also apparent as they

talked about their own previous personal experiences. Participants who were interviewed exhibited a tendency to defer in their decision making to their expectations of program administrators, to parents and to other teaching staff. They also utilized their own perceptions of the expectations of the authorities to whom they were mandated to report.

Deference was most common and most influential, both in discussion of the vignettes and real life experiences, in its manifestation as an abdication by teachers of the personal responsibility to report suspected child abuse and neglect to designated authorities. Instead, teaching staff followed explicit or perceived directions of the child care director or center policy and left reporting to the discretion of the administrator in charge of the program. Teachers expressed a common belief that they should report to and through their directors, delegating decisions to report, or not to report, to them, some saying it was their “legal duty” to do so. Milgram’s studies in obedience (1974, 1991) showed similar responses to authority figures by those in subordinate positions, even at the risk of potential or perceived harm to others.

Directors themselves expected to be told of possible abuse, and to make the decisions as to whether or not to report it. This expectation by administrators abrogates the law, and while it may act to mitigate and ease subordinate caregivers’ traumatic concerns over cases of suspected abuse and neglect, it may often do so to the detriment of the children concerned.

Implications

Child caregivers are required by law to report suspected child abuse and neglect to authorities. This study collected survey data on the training in child abuse and neglect received by 123 subjects in fourteen child care centers. Interviews were conducted with ten of the subjects to investigate what factors are considered by child caregivers as they make decisions in the recognition and reporting of suspected child abuse and neglect. The findings of this study have implications for licensing, for legislation and for the training of child caregivers. They also indicate that additional funding is needed to study the unique phenomenon presented by a group that is mandated to report suspected child abuse and neglect, provided with little training to do so, and often must defer to the decisions of their superiors or face at least potential loss of their jobs.

Licensing:

Present state licensing regulations and procedures are concerned overwhelmingly with each child care program as a whole and not with individual child caregiver employees. Almost all other fields which require licensure, require a license or credential for the individual as well as for the entity in which practitioners work. All other practitioners who have contact with young children and are mandated to report suspected child abuse and neglect are required to maintain a license that allows for participation in their field. This is true in many other occupations. Hairdressers, who care for other people's hair, must be licensed by the state: child caregivers, who care for other people's children, have no such requirement.

A mere fifteen hours of annual training in all aspects of the care and education of

young children are mandated. There is no requirement as to number of hours or topics regarding child abuse and neglect and no assessment or testing of caregiver knowledge. Licensed childcare centers can employ caregivers with a minimum of training and education, and often do so in response to high caregiver turnover. The lack of caregiver training in recognition and reporting of child abuse and neglect documented in the present study indicates clearly that licensing standards are not presently stringent enough to ensure that licensed childcare centers have staff who are competent to recognize and report suspected child abuse and neglect.

Texas child abuse and neglect legislation:

The present legislation related to the reporting of suspected child abuse and neglect needs clarification as well as wider dissemination. Only 20% of the subjects surveyed were able to report they were familiar with the law regarding child abuse and neglect. Of the five teaching staff interviewed, none had ever reported suspected abuse and neglect, with some indicating they had suspected and not reported. All five teachers interviewed were unaware of their personal obligation to report suspected child abuse and neglect to authorities outside the child care center. State legislation calls for fines and jail terms for those who fail to report as mandated, but there is no evidence that caregivers are aware of these serious consequences or have in fact been affected by them. Further clarification that the mandate to report lies with the individual who observes the incident would validate and strengthen the existing law. All programs that serve young children, including child care centers, public and private schools, and other programs that serve

young children should be required to post this information along with the state hot line telephone number for reporting suspected child abuse and neglect.

Caregiver training:

Survey and interview data both confirm that the training currently provided to caregivers in the recognition and reporting of suspected abuse and neglect is inadequate. Pre-service training is required, but neither the content nor the hours are specified. Nor are caregivers made unequivocally aware that they have by virtue of their employment a mandated duty and responsibility personally and directly to report suspected child abuse and neglect to the appropriate child protection agencies. Such a general lack of training in the recognition and reporting of suspected child maltreatment means that many children continue to face harm because of the resultant failure to report suspected maltreatment which would allow for intervention by the appropriate authorities.

Cultural factors:

There is no specific provision and requirement for training in the recognition of cultural differences in the treatment, upbringing and education of young children, or of the importance of these differences in the assessment of possible child abuse and neglect. Most participants in the survey (81.2 %) said they had received no training or instruction in family cultural practices. Many of those who were interviewed seemed to apply a harsher standard of reporting simply because a family was from another culture. While cultural difference is not a reason to refrain from reporting suspected child maltreatment, neither should it be seen as a reason to make such a report. Caregiver training in

recognition of the signs of child abuse should include information on a variety of cultural practices that may or may not indicate child maltreatment.

Parent education:

Several caregivers who were interviewed discussed talking with parents about their children, either to answer their own questions about possible child abuse or to assist parents in better understanding their children. Subjects who were administrative staff were more likely to see discussion with parents as a part of their responsibility toward families at their centers, but none indicated that they actually provided parental education programs. The education of parents in the appropriate treatment and upbringing of young children, as provided in child care center programming as well as through caregiver example, can be an important aid in the avoidance of potentially abusive parental and familial practices. It is at present virtually ignored or unrecognized by most programs for young children.

Research in caregiver training related to suspected child abuse

The present study has provided data on the lack of training received by child caregivers in the recognition and reporting of suspected child abuse. The study also demonstrates that many caregivers are unable to make appropriate decisions about suspected child abuse and neglect, and to comply with the mandate to report their suspicions, a serious finding. This implies that there may be children suffering from maltreatment which has not been reported and is therefore not being investigated. Further research would provide information about the currently available caregiver

training programs in child abuse and neglect, clarify the content of this training, indicate effective training strategies and materials, and quantify the optimal number of hours required to provide caregivers with effective recognition and reporting skills.

Recommendations

Both national and state laws have definitions, policies and procedures to be used in the reporting, investigating and validation of alleged child maltreatment. Child caregivers, properly trained, can play an important role in the reporting of suspected child abuse and neglect because of their daily interactions and observations of young children and their families. Conversely, a lack of training in the recognition of child maltreatment in its many symptoms can hamper caregivers' ability to detect and report it. Deference toward others, including colleagues, children's parents and designated authorities who should receive such reports may also impact reporting of suspected child abuse and neglect. The following recommendations may strengthen caregiver ability to recognize and report suspected child abuse and neglect effectively.

Research recommendations

Further confirmation of Jacobson and other's (1998) review of the child abuse and neglect training received by child contact professionals has been provided by the present study. Because of the dissimilarity between child caregivers and other more highly trained and licensed groups of practitioners, however, additional data about the training received by child caregivers is needed. Since caregivers are not required to obtain specific training, a degree or a license in order to be employed, it is critical that exact parameters on both content and hours of training in child abuse and neglect recognition

and reporting be provided. The present study found much confusion among caregivers concerning the following areas of information related to child abuse and neglect:

1. to whom the report of suspected abuse is to be made,
2. whether discussion of suspected abuse should take place with parents prior to a report being made,
3. differences between accidental and intentional injuries,
4. particular difficulty in the detection of child sexual abuse and emotional neglect,
5. the parameters of legal familial physical discipline,
6. the use of parent education as a tool for the prevention of child abuse and neglect,
7. and the recognition and assessment of injuries among infants and toddlers, a population at high risk for fatal child abuse.

At a minimum, these topics should be included in the training provided to every child caregiver. Additional research investigating caregiver training should seek to ascertain how best to provide every caregiver with information vital to the effective recognition and reporting of child abuse and neglect.

Further research should also investigate how caregiver training might best be implemented. Current sources of caregiver training, number of hours of training, and training materials and strategies should be examined, comparing the effectiveness of a variety of training settings and participant involvement levels. Every effort must be

made to provide caregivers with knowledge and skills that are easily transferred into the real life situations they will encounter.

Recommendations for individual licensing of child caregivers

Currently, child caregivers are required by state licensing regulations to complete eight hours of training before working in a child care center. Training is often perfunctory at best, and few if any of the eight hours cover child abuse and neglect. Survey data indicate that few caregivers are knowledgeable about the minimum legal requirement to report suspected abuse (just under 20% in the present study). Child licensing regulations must list specific requirements about the number of hours of training in the recognition and reporting of suspected abuse and neglect child caregivers must have and the topics that must be covered. Training information is provided to caregivers in accordance with the licensing regulation that mandates it, and the present regulation consists of only four lines of generalized text on the staff record form that is to be signed by child care personnel at the time of hiring.

The present system of licensing centers, rather than practitioners, encourages this low level of training by licensing only child care facilities, rather than facilities and the individuals employed therein. This reinforces the common misperception that teaching staff may report suspected abuse and neglect to the center director rather than designated authorities.

In addition, funding for child care training in child abuse and neglect must be an essential part of the licensing of child care practitioners. Training must be readily

available and at little or no cost to every caregiver entering the field. This is essential in a field with high turnover and a majority of entry level employees.

Only when every teacher and administrator is equipped with the essential knowledge needed to make accurate decisions about the children attending their programs, will effective and timely reporting of suspected child abuse and neglect occur. When that happens, and when those who abuse and neglect young children see that it has happened, many young children may be spared from becoming repeated victims of child abuse and neglect.

APPENDIX A
CENTER DIRECTOR PERMISSION LETTER

July 6, 1999

Dear Children=s Center Director:

My name is Carol Hagen, and as part of my doctoral studies, I will be collecting information from childgivers who work in programs for young children. Those who direct and work in children=s programs may have some experiences with possible child abuse and neglect. The information I am collecting will be used to help improve the planning of future training opportunities in this important topic for those of us who work with young children.

The project will involve about 10 to 15 minutes in the initial questionnaire, with a follow-up interview lasting approximately 30 minutes, which will take place at a time which is convenient to the participants. All programs contacted will receive a spiral bound copy of Caregivers of Young Children: Preventing and Responding to Child Maltreatment. In addition, teachers who fill out the questionnaire will be able to select from a rack of children=s books, and will receive a second book on completion of the interview, in appreciation of their help with the project.. Although some participants may feel discomfort while talking about child abuse and neglect, the knowledge of the benefits of the study on possible training provided in the future should compensate for this. Another benefit will be the books received by the centers and the individual participants. Participants may withdraw at anytime **without penalty, prejudice or loss of benefits**.

All information on the questionnaire will remain confidential, and will be coded by number only. At the end of the research project, the codes will be destroyed. You will receive a second copy of this form for your records and for future referral.

Every attempt will be made to carry out this project at a time which is convenient for your center (I would suggest during nap time). If you have questions and would like to contact me at any time, I can be reached at 940-484-6422 (my home) or 940-565-2555 (my work). Please leave your number if I am not immediately available, and I will call you back. Thank you for reading this letter.

I, _____ give permission for
(director=s name)

_____ to be used as a site for the
(program name)

collection of data, with all stipulations contained in the letter above to be maintained. I have been given copies of the survey questionnaire and the interview questions, and agree with their use in my center. I agree that any information obtained from this research may be used for publication or education. As stated, I may choose to withdraw my program from this study at any time without penalty, prejudice or loss of benefits.

This project has been reviewed and approved by the UNT Committee for the Protection of Human Subjects (940-565-3940).

APPENDIX B
EMPLOYEE PERMISSION

July 6, 1999

Dear Child Care Center Employee:

My name is Carol Hagen, and as part of my doctoral studies, I will be collecting information from childgivers who work in programs for young children. Those who direct and work in children=s programs may have had some experiences with possible child abuse and neglect, which can be valuable in planning future training. The information I am collecting will be used to help improve of future training opportunities in this important topic for those of us who work with young children.

The project will involve about 10 to 15 minutes in the initial questionnaire, with a follow-up interview lasting approximately 30 minutes, which will take place at a time which is convenient to the participants. All programs contacted will receive a spiral bound copy of Caregivers of Young Children: Preventing and Responding to Child Maltreatment. In addition, teachers who fill out the questionnaire will be able to select from a rack of children=s books, and will receive a second book on completion of the interview, in appreciation of their help with the project.. Although some participants may feel discomfort while talking about child abuse and neglect, the knowledge of the benefits of the study on possible training provided in the future should compensate for this. Another benefit will be the books received by the centers and the individual participants. Participants may withdraw at anytime **without penalty, prejudice or loss of benefits**.

All information on the questionnaire will remain confidential, and will be coded by number only. At the end of the research project, the codes will be destroyed. You will receive a second copy of this form for your records and for future referral.

Every attempt will be made to carry out this project at a time which is convenient for your center (I would suggest during nap time). If you have questions and would like to contact me at any time, I can be reached at 940-484-6422 (my home) or 940-565-2555 (my work). Please leave your number if I am not immediately available, and I will call you back. Thank you for reading this letter.

I, _____, agree to participate
(employee=s name)

in this research study which will be conducted at _____
(program name)

with all stipulations contained in the letter above to be maintained. I agree that any information obtained from this research may be used for publication or education. As stated, I may choose to withdraw from participation in this study at any time without penalty, prejudice or loss of benefits.

This project has been reviewed and approved by the UNT Committee for the Protection of Human Subjects (940-565-3940).

APPENDIX C
SURVEY QUESTIONNAIRE

Child Abuse and Neglect Child Care Survey

The term “child abuse” as used here means physical abuse, sexual abuse, emotional abuse, or neglect of a child. The term “neglect” means leaving or placing a child at risk of possible mental or physical harm. Please use an X to show which of the responses is most accurate. If your answer is “no response”, “not relevant”, or “don’t know”, place an X next to NR/DK.

1. Have you had any specific training related to child abuse and neglect?

1. Yes _____ 2. No _____ 9. NR/DK _____

2. Are you very familiar, somewhat familiar or unfamiliar with the Texas state definition of child abuse and neglect and mandatory report laws?

1. familiar _____ 2. somewhat familiar _____ 3. unfamiliar _____
9. NR/DK _____

3. Are you very able, somewhat able, or not able to identify abuse and neglect at any of the following ages?

	Very able 1	Somewhat able 2	Not able 3	NR/DK 9
Infants (birth to 1 yr.)				
Toddlers (1 to 3 yrs.)				
Pre-schoolers (3 to 6 yrs.)				
School-aged (6 through 12 yrs.)				

4. Do you strongly agree, somewhat agree, or not agree with the following

statements?

	Strongly Agree 1	Somewhat Agree 2	Do Not Agree 3	NR/DK 9
The developmental characteristics of a child helps in identifying abuse and neglect.				
I could tell the difference between physical abuse and unintentional injuries.				
I could identify sexual abuse by children=s actions or words				
I could identify emotional abuse or neglect				
I could identify physical neglect.				

5. Please circle Yes or No, to indicate whether any of the following have been useful to you for information about child abuse and neglect.

- | | | |
|--|-----|----|
| A. Training conferences or workshops | Yes | No |
| B. Employer training or program handbook | Yes | No |
| C. Books or magazines | Yes | No |
| D. A course or class | Yes | No |
| E. Talking with others | Yes | No |
| F. Television programs | Yes | No |
| G. Booklets or brochures from | Yes | No |
| agencies related to young children | | |
| H. Other sources? (Name) _____ | | |

6. Please circle Yes or No to indicate whether the training you have received covered any of the following topics.

- | | | |
|--|-----|----|
| A. How to educate children about child abuse | Yes | No |
|--|-----|----|

and neglect

- | | | |
|--|-----|----|
| B. How to report child abuse or neglect | Yes | No |
| C. How to work with abused or neglected children | Yes | No |
| D. Other_____ | | |

7. Has your training included any information about practices in different cultures that might be considered possible child abuse or neglect?

1. Yes_____ 2. No_____ 9. NR/DK_____

9. Do you feel you are adequately trained to identify and report child abuse or neglect?

1. Definitely_____ 2. Somewhat_____ 3. Not at all_____
9. NR/DK_____

Please answer the following questions to provide an overall profile or picture of those participating in this study.

10. Which of the following best describes your position of employment?

1. Teacher_____ 2. Assistant teacher_____

3. Director_____ 4. Assistant director_____
5. Support staff_____ 6. Substitute teacher_____
7. Other_____ 9.NR/DK_____

11. Please mark the item that describes the highest degree you have earned.

1. High school diploma/GED_____ 2. Associate degree/equivalent_____
3. Bachelors degree_____ 4. Advanced degree_____
5. Currently attending college_____

12. If your degree is above a high school diploma, please list your major field of study.

13. Please mark the item that best describes your ethnic/cultural background.

1. African American_____ 2. White/Anglo_____ 3. Hispanic/Mexican_____
4. Asian American_____ 5. Native American Indian_____ 6. Bi-racial_____
7. Other_____

14. Please mark the age-group that includes your present age.

1. 18-25_____ 2. 26-35_____ 3. 36-45_____ 4. 46-60_____
5. 61-70_____ 6. 71 and over_____ 9. NR/DK_____

You have completed the final question on this survey. Thank you very much for participating in the first part of the child abuse and neglect training survey. In appreciation for your participation, please choose a book from the selection provided.

PHASE 2

If you would be willing to participate further in this study, please read and complete the blanks below. This information can be collected now, or if that is not possible, in a follow-up visit at your convenience. You will again receive the gift of a book in appreciation of your participation.

The second phase of the study will be an interview session of about 30 minutes. Short descriptions of actions that may indicate child abuse and neglect will be presented, and you will be asked to give your opinions and feelings.

I am willing to participate in the second phase of this study. The most convenient time for me would be (select 1, 2 or 3):

1. NOW:_____
2. DATE:_____
- TIME:_____
- LOCATION:_____
3. Or, please call me at the following number to arrange a convenient time:

PHONE: _____ GOOD TIMES TO CALL: _____

Signature Date

I am unwilling to participate further in this study _____
Signature

APPENDIX D
INTERVIEW VIGNETTES

in her pocket or cubby. Although her brother in the younger classroom seems healthy and well cared for, this child is dirty and poorly dressed and doesn't look healthy.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

3. A four-year-old has several injuries on both arms that look like they might be small round burns. When you ask the child what happened, he puts his head down and refuses to look at you or answer.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

4. A five-year-old does not want to use the rest room, and tries to wait until she goes home. She seems very anxious and begins to cry and tremble if you suggest she should try.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

5. A six-month-old baby has a large bruise on his cheek and cries in pain when you move his legs to change his diaper. The father says an older sibling hurt the baby, and the mother says she isn't sure how it happened.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

6. A three-year-old stays on his knees during story time, and does not want to sit on a chair at lunch time. He says sitting makes his bottom hurt.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

7. Two four-year-olds pull their pants down in a far corner of the playground. As you walk their way, they pull them up again.

1.NOYES 2. PA 3. PN 4. SA 5. EA/N

8. You have requested a conference with parents of a four-year-old who seems anxious and depressed, and is unable to talk and play with other children. The parents say their child is shy and they don't have time to talk with you about this

1. NOYES 2. PA 3. PN 4. SA 5. EA/N

9. Although obviously tired, a three-month-old baby almost always cries very hard before falling asleep. The mother says the baby has always done this, and holding and rocking don't help. She tells you it is okay to let her baby cry a little.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

10. A child next door in the toddler room who is not in your care comes to your program almost weekly with new bruises or serious injuries, including a broken leg last month, and a black eye and other bruises today. The child's caregiver is a

friend of the parents, and says she was told the child is very clumsy and falls a lot.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

11. A family who has newly arrived in the country is bringing two children to your program. The parents frequently yell at the children and sometimes slap them as they are leaving the center.

1. NO YES 2. PA 3. PN 4. SA 5. EA/N

12. Have you ever reported suspected child abuse or neglect? (Ask for details.)

13. How did you come to your decision to report or not report?

14. Have you ever suspected and not reported child abuse or neglect? (Ask for details.)

15. How did you come to your decision not to report?

16. What other experience with child abuse or neglect would you be willing to share?
(Ask for details).

While child abuse and neglect can be a difficult subject to talk about, you have helped to provide information that can be used to plan better training for caregivers who work with young children. Your help is sincerely appreciated. Please select another of the children's books provided to show appreciation for your help. Thank you.

APPENDIX E
VIGNETTE TABLES

Table 21 A three-year-old in your room has frequent injuries. Today the weather is very hot, and he arrives wearing a long-sleeved shirt and long pants. His face is puffy, and he does not want to move his arm. His mother tells you he fell while playing outside and is ‘faking it’.

Response	Administrator	Teacher/Support
Yes	4	3
Physical abuse	4	4
Physical neglect	1	
Sexual abuse		
Emotional abuse/neglect		
No	1	2
Factors		
Frequency	2	1
Severity	3	1
Child age/development	1	
Child behavior	1	1
Parent behavior	3	3
Training		
Work experience		
Personal experience		

Table 22 A five-year-old eats hungrily at meal times but also hoards extra food, hiding it in her pocket or cubby. Although her brother in the younger classroom seems healthy and well cared for, this child is dirty and poorly dressed and doesn't look healthy.

Response	Administrator	Teacher/Support
Yes	2	0
Physical abuse		
Physical neglect	1	
Sexual abuse		
Emotional abuse/neglect	1	
No	3	5
Factors		
Frequency	2	
Severity		
Child age/development		2
Child behavior	1	1
Parent behavior	1	1
Training	1	
Work experience	1	
Personal experience		

Table 23 A four-year-old has several injuries on both arms that look as though they might be small round burns. When you ask the child what happened, he puts his head down and refuses to look at you or answer.

Response	Administrator	Teacher/Support
Yes	4	4
Physical abuse	3	4
Physical neglect	1	
Sexual abuse		
Emotional abuse/neglect	1	2
No	1	1
Factors		
Frequency		
Severity	4	2
Child age/development		2
Child behavior	1	2
Parent behavior		1
Training	1	
Work experience		1
Personal experience		

Table 24 A five-year-old does not want to use the rest room, and tries to wait until she goes home. She seems very anxious and begins to cry and tremble if you suggest she should try.

Response	Administrator	Teacher/Support
Yes	0	0
Physical abuse		
Physical neglect		
Sexual abuse		
Emotional abuse/neglect		
No	5	5
Factors		
Frequency	1	1
Severity		
Child age/development	2	4
Child behavior	1	
Parent behavior	3	2
Training		
Work experience		1
Personal experience		

Table 25 A six-month-old baby has a large bruise on his cheek and cries in pain when you move his legs to change his diaper. The father says an older sibling hurt the baby, and the mother says she isn't sure how it happened.

Response	Administrator	Teacher/Support
Yes	4	3
Physical abuse	4	
Physical neglect	2	
Sexual abuse	2	
Emotional abuse/neglect		
No	1	2
Factors		
Frequency		
Severity	1	1
Child age/development	4	3
Child behavior		
Parent behavior	5	2
Training		
Work experience		1
Personal experience		

Table 26 A three-year-old stays on his knees during story time, and does not want to sit on a chair at lunch time. He says sitting makes his bottom hurt.

Response	Administrator	Teacher/Support
Yes	2	0
Physical abuse	1	
Physical neglect		
Sexual abuse	2	
Emotional abuse/neglect		
No	3	5
Factors		
Frequency		
Severity		
Child age/development	2	2
Child behavior	1	2
Parent behavior		
Training		
Work experience	1	
Personal experience		

Table 27 Two four-year-olds pull their pants down in a far corner of the playground. As you walk their way they pull them up again.

Response	Administrator	Teacher/Support
Yes	0	0
Physical abuse		
Physical neglect		
Sexual abuse		
Emotional abuse/neglect		
No	5	5
Factors		
Frequency		
Severity		
Child age/development	5	3
Child behavior		2
Parent behavior	3	1
Training		
Work experience		
Personal experience		

Table 28 You have requested a conference with parents of a four-year-old who seems anxious and depressed, and is unable to talk and play with other children. The parents say their child is shy and they don't have time to talk with you about this.

Response	Administrator	Teacher/Support
Yes	4	1
Physical abuse		
Physical neglect		
Sexual abuse		
Emotional abuse/neglect	4	
No	1	4
Factors		
Frequency		
Severity		
Child age/development		
Child behavior		
Parent behavior	5	0
Training		
Work experience	1	
Personal experience		

Table 29 Although obviously tired, a three-month-old baby almost always cries very hard before falling asleep. The mother says the baby has always done this, and holding and rocking don't help. She tells you it is okay to let her baby cry a little.

Response	Administrator	Teacher/Support
Yes	0	0
Physical abuse		
Physical neglect		
Sexual abuse		
Emotional abuse/neglect	0	
No	5	5
Factors		
Frequency		
Severity		
Child age/development	1	2
Child behavior		
Parent behavior	1	1
Training		
Work experience	1	2
Personal experience		3

Table 30 A child next door in the toddler room who is not in your care comes to your program almost weekly with new bruises or serious injuries, including a broken leg last month, and a black eye and other bruises today. The child's caregiver is a friend of the parents, and says she was told the child is very clumsy and falls a lot.

Response	Administrator	Teacher/Support
Yes	5	3
Physical abuse	5	1
Physical neglect		
Sexual abuse		
Emotional abuse/neglect		
No	0	2
Factors		
Frequency	4	3
Severity	3	3
Child age/development	1	
Child behavior		
Parent behavior		
Training		
Work experience		
Personal experience		

Table 31 A family who has newly arrived in the country is bringing two children to your program. The parents frequently yell at the children and sometimes slap them as they are leaving the center.

Response	Administrator	Teacher/Support
Yes	3	3
Physical abuse		
Physical neglect	3	3
Sexual abuse		
Emotional abuse/neglect	3	2
No	2	2
Factors		
Frequency	4	3
Severity	3	3
Child age/development	1	
Child behavior		
Parent behavior	5	3
Training		
Work experience		
Personal experience		1

APPENDIX F
APPLICATION FOR APPROVAL OF INVESTIGATION
INVOLVING THE USE OF HUMAN SUBJECTS
ATTACHMENT

9. Potential subjects will be child care employees at twenty five child care centers in Denton County, Texas. Approximately 50 subjects are expected to participate. The only criteria for inclusion as a subject will be current employment at a child care center agreeing to participate in the study, and a willingness to sign the informed consent form and fill out the survey questionnaires.

10. The initial survey questionnaire will investigate the training received by child caregivers and their understanding of signs of child abuse and neglect reporting. A follow-up interview will be conducted with approximately twelve participants who agree to discuss attitudes and experiences relating to the reporting of child abuse and neglect. The researcher will look for patterns of factors related to decision making which are used by child caregivers when evaluating possible child abuse and neglect.

Data collection will consist of the use of two instruments. The initial survey (Child Abuse and Neglect Child Care Survey) will collect data concerning training related to child abuse and neglect received by child care employees, and will use some of the categories established in the Child Abuse Training Information Survey (Jacobson, 1998).

The final question on the survey will ask subjects for their willingness to participate in more depth during the second phase of the study, which deals with attitudes and experiences related to the reporting of child abuse and neglect.

Participants will indicate willingness to participate in the interview phase of the project by completing the final page of the survey, which is a second consent form. Interviews will be scheduled with no more than 50% of the child caregivers at any one center who completed the Child Abuse and Neglect Child Care Survey. Interviews will investigate

the attitudes participants hold toward reporting suspected child abuse and neglect, the decision making factors used, and personal experiences with child abuse and neglect.

11. An introductory letter will be sent to directors of the selected child care centers. The researcher will telephone directors of child care centers and ask for an appointment to discuss the survey. During these visits, the purpose of the research will be explained and copies of the consent form will be available. When director approval has been obtained, a time convenient for the center will be scheduled (possibly during children's nap time) to distribute consent forms and surveys to those child care employees wishing to participate. Each potential participant must sign a consent form, and will be told 1)., all information collected is confidential, 2)., all data will be coded by number, and 3)., all data will be combined and none will be presented by center name.

Participants who sign the consent form will be given the following information by the researcher:

“This survey is being used to help us find out what training in child abuse and neglect is available to child caregivers and whether you feel it is adequate and useful for effective reporting of suspected child abuse and neglect. The study is also interested in how you make decisions about whether or not to report actions which may be suspected child abuse or neglect. This information should help to provide more useful and more effective training on this topic in the future. The questionnaire asks you to choose and mark answers related to your training in the signs and the reporting of child abuse and neglect, and to provide some basic demographic information (years employed, education, etc.) Your participation in this project is

entirely voluntary, and not participating will not affect you or your position in this center in any way. You are asked not to put your name on your questionnaire, so that all information remains confidential. The survey should take about ten to fifteen minutes to complete, and all responses will be summarized and kept confidential. Your responses to the survey questions will add to the valuable information being collected, and will help provide better training for all of us who work with young children.”

12. Completed survey forms will be coded as to center and participant, and no names of subjects or centers will be used. The researcher will monitor the collection of the surveys, which will be removed from the center immediately upon their completion. As surveys are collected, each participant will be thanked and will receive a children’s book as compensation for time spent.

13. Subjects will benefit by knowing they have had a part in the collection of information intended to improve the training provided to those in the child care field. Improved training will help child caregivers to be more effective advocates for the young children in their care, by accurately reporting signs of suspected child abuse and neglect. Subjects will also receive a children’s book, which they may use with the children in their care.

14. Subjects may feel some anxiety about disclosing information related to child abuse and neglect, particularly relating to their own attitudes and experiences. Subjects will be told verbally and in writing not to place their names on the forms. They will be assured that all information will be kept confidential, and that completed survey forms will not be out of the possession of the researcher. A sealed box with only a slot for completed

surveys will be used at the child care center and kept in sight of the researcher at all times.

Potential participants who do not wish to participate may feel some internal or social pressure to do so. The researcher will assure everyone that participation is an entirely voluntary and optional choice. This will also be stated on copies of the written informed consent and the survey.

Some subjects in this study may feel discomfort with the subject of child abuse and neglect. Knowing they are participating in research supporting efforts to improve reporting of signs of child abuse and neglect, thereby improving the safety and well-being of young children in child care, should more than compensate for any possible feelings of discomfort by the participants.

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